

SKIN INFECTIONS



DERMATOLOGY

SLIDES & DESCRIPTION

How to Pass Clinic & Oral Exam

BY:

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VISIT...

LANZAROTE
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Common Cases for Clinic Exam

Impetigo

Common Wart

Tinea Capitis

Pityriasis Versicolor

Leishmaniasis

Bacterial Skin Infection

Non-Bullous Impetigo

Ecthyma

Furuncle (boil)

Carbuncle

Cellulitis

Erysipelas

Erythrasma

Common Cases for Clinic Exam

Impetigo

Non-Bullous Impetigo

D\D of Impetigo:

- 1- Viral Infection (HSV,HZV).
- 2- Eczema.
- 3- Fungal Infection.
- 4- Bullous Drug Eruption.
- 5- Burns.

Dark, Thick, Honey, Yellow, Crust
adherent around Mouth and Nostril.



Treatment of Impetigo

1. Remove Crust By Potassium Permanganate.
2. Topical AB (Fusidine Cream).
3. In Sever Cases Give Systemic AB.

Dark, Thick, Honey, Yellow, Crust
adherent around Mouth and Nostril.

D\D:

- 1- Impetigo.
- 2- Viral Infection (HSV,HZV).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Bullous Drug Eruption.
- 6- Burns.



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- 1- Impetigo.
- 2- Viral Infection (HSV,HZV).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Bullous Drug Eruption.
- 6- Burns.



Dark, Thick, Honey, Yellow, Crust
adherent around Mouth and Chin.

Dark, Thick, Honey, Yellow, Crust
adherent On the Chin.

D\D:

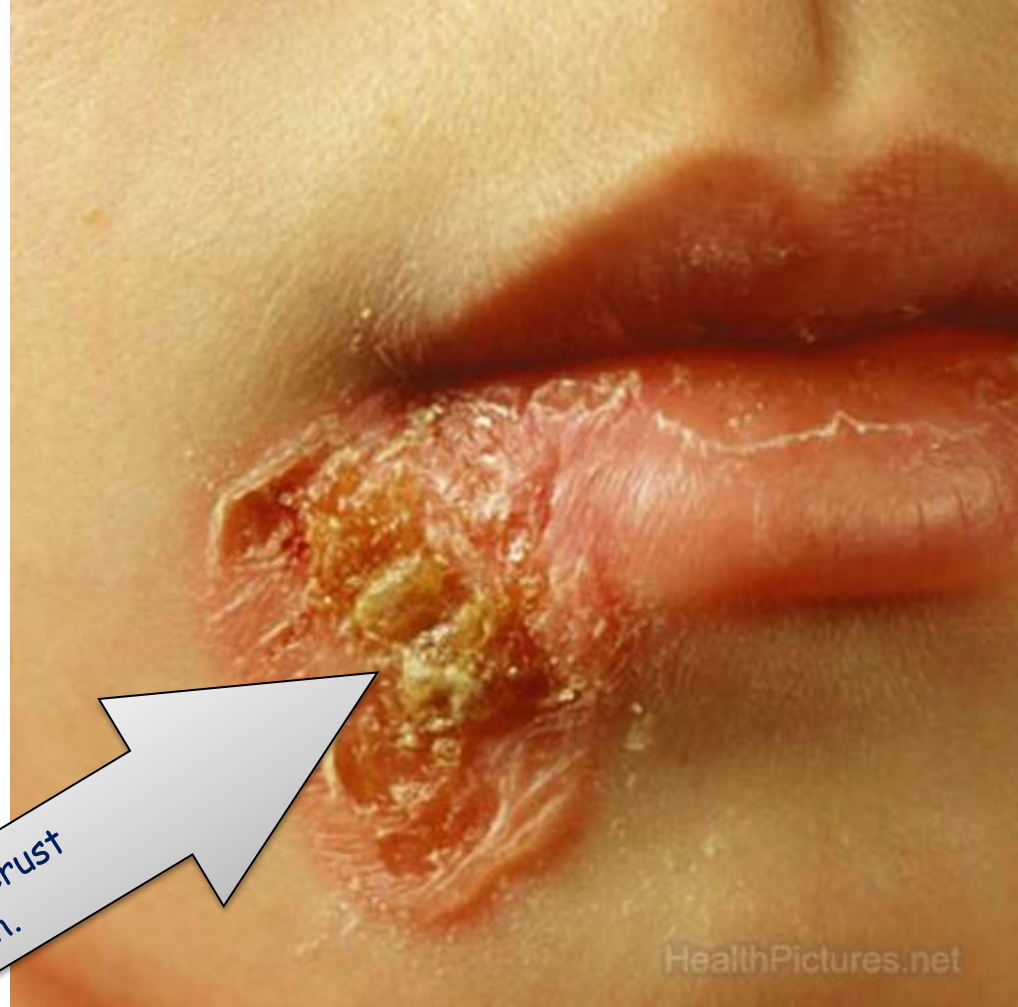
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- 4- Fungal Infection.
- 5- Bullous Drug Eruption.
- 6- Burns.



D\I\D:

- 1- Impetigo.
- 2- Viral Infection (HSV, HZV).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Bullous Drug Eruption.
- 6- Burns.

Dark, Thick, Honey, Yellow, Crust
adherent around Mouth.



Dark, Thick, Honey, Yellow, Crust
adherent around Mouth.

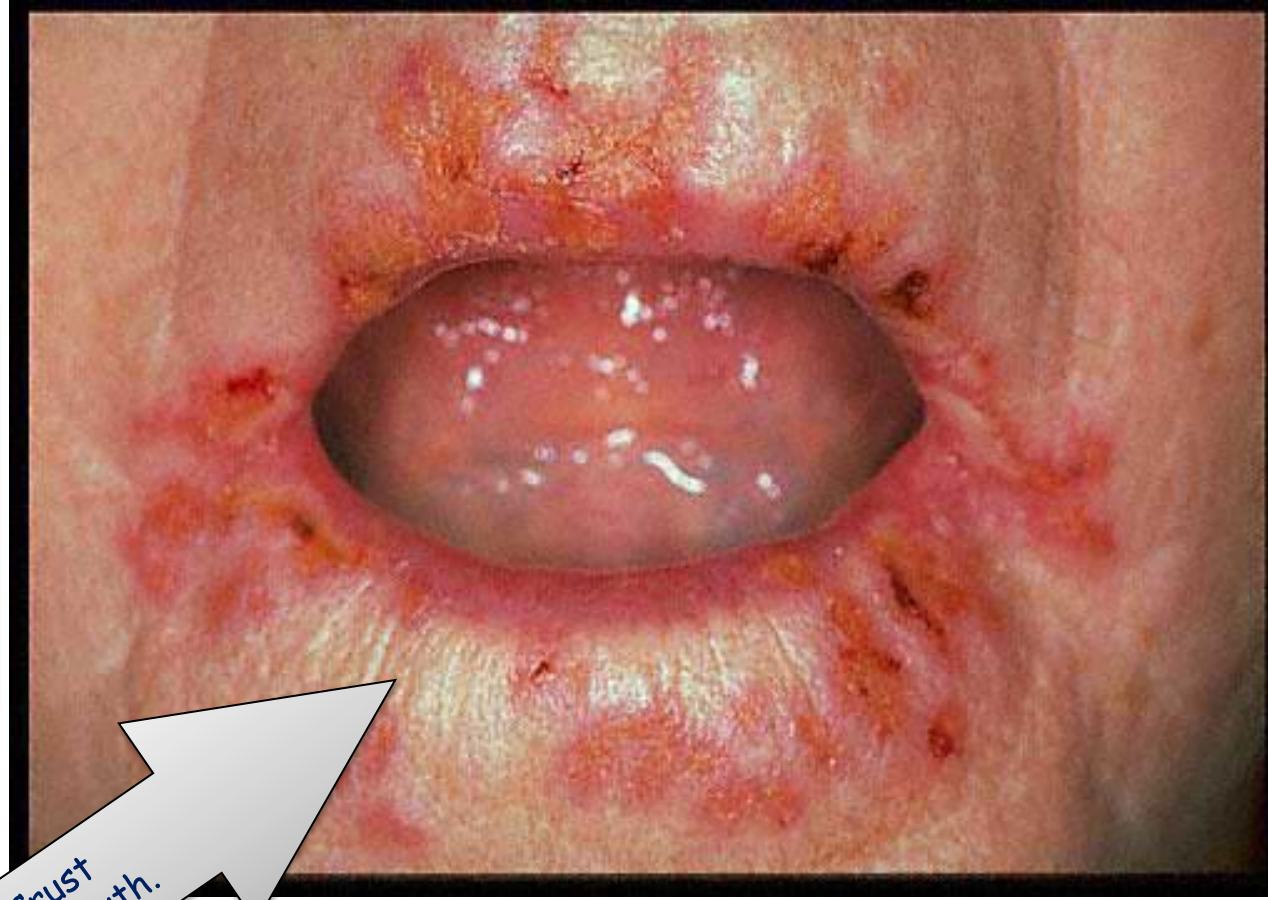


D\D:

- 1- Impetigo.
- 2- Viral Infection (HSV, HZV).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Bullous Drug Eruption.
- 6- Burns.

D\ID:

- 1- Impetigo.
- 2- Viral Infection (HSV, HZV).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Bullous Drug Eruption.
- 6- Burns.



Dark, Thick, Honey, Yellow, Crust
Adherent On the Lips & around Mouth.

Dark, Thick, Honey, Yellow, Crust
Adherent On the Cheek & Ear.

D\D:

- 1- Impetigo.
- 2- Viral Infection (HSV, HZV).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Bullous Drug Eruption.
- 6- Burns.



Non-Bullous Impetigo



Ecthyma

Well-Defined, Single, Punched-Out Ulcer, on Erythematous Base, Covered with Adherent, Dark Yellow Crust.

D\D of Ecthyma:

- 1- Cutaneous Leishmaniasis.
2. Basal Cell Carcinoma.
- 3- Venous Ulcer.
- 4- Chancre (Primary Syphilis).

Treatment of Ecthyma

1. Remove Crust By Potassium Permanganate.
2. Topical AB (Fusidine Cream).
3. In Sever Cases Give Systemic AB.









Superficial Folliculitis



Furuncle (Boil)

D\D of Furuncle:

- 1- Carbuncle.
- 2- Leishmaniasis.
- 3- Lupus Vulgaris.
- 4- Scrofula.
- 5- Chancre.

Single, Well-Defined, Red, Nodule on Erythematous Base,
has Crusted Yellow Head, filled with Pus, Present at the Base of the Neck.



Treatment of Furuncle

1. Drainage of Abscess if Large.
2. Topical AB (Fusidine Cream).
3. Systemic AB.

Single, Well-Defined, Red, Nodule on Erythematous Base,
has Crusted Yellow Head, filled with Pus, Present On Forearm.

D\D:

- 1- Furuncle.
- 2- Carbuncle.
- 3- Leishmaniasis.
- 4- Lupus Vulgaris.
- 5- Chancre.



D\ID:

- 1- Furuncle.
- 2- Carbuncle.
- 3- Leishmaniasis.
- 4- Lupus Vulgaris.
- 5- Chancre.

Single, Well-Defined, Red, Nodule on Erythematous Base,
has Crusted Yellow Head, filled with Pus.



D\D:

- 1- Furuncle.
- 2- Carbuncle.
- 3- Leishmaniasis.
- 4- Lupus Vulgaris.
- 5- Scrofula.
- 6- Chancre.

Single, Well-Defined, Red, Nodule on Erythematous Base,
With No Crust or Any Secondary Lesion.





Single, Well-Defined, Red, Nodule on Erythematous Base,
Covered with Dark Yellow, Hemorrhagic, Crust, present on the Chin.

D\D:

- 1- Furuncle.
- 2- Carbuncle.
- 3- Leishmaniasis.
- 4- Lupus Vulgaris.
- 5- Scrofula.
- 5- Chancre.

Carbuncle

Single, Large, Red, Nodule, on Erythematous Base,
Discharging Pus from Multiple Opening.

Treatment of Carbuncle

1. Drainage of Abscess.
2. Topical AB (Fusidine Cream).
3. Systemic AB.



D\ID:

- 1- Carbuncle.
- 2- Furuncle.
- 3- Leishmaniasis.
- 4- Lupus Vulgaris.
- 5- Scrofula.



Single, Large, Well-Defined, Red, Nodule, on Erythematous Base, has Multiple, Crusted Yellow Heads, filled with Pus, Present on the Neck.

Single, Large, Well-Defined, Red, Nodule, on Erythematous Base,
Discharging Pus from Multiple Opening, Present on the Upper Back.



D\D:

- 1- Carbuncle.
- 2- Furuncle.
- 3- Leishmaniasis.
- 4- Lupus Vulgaris.
- 5- Scrofula.



Single, Large, Well-Defined, Red, Nodule, on Erythematous Base,
Discharging Pus from Multiple Opening, Present on the Upper Back.

Single, Large, Well-Defined, Red, Nodule, on Erythematous Base, has Multiple, Crusted Yellow Heads, filled with Pus.



D\D:

- 1- Carbuncle.
- 2- Furuncle.
- 3- Leishmaniasis.
- 4- Lupus Vulgaris.
- 5- Scrofula

Cellulitis

Large, Irregular, Redness (Swelling or Patch), with Ill-Defined Border, Present on the Leg.

D\I of Cellulitis:

- 1- Erysipelas.
- 2- Stasis Eczema.
- 3- DVT.
- 4- Insect Bite.
- 5- Rupture of Baker Cyst.

Treatment of Cellulitis

1. Complete Bed Rest & Elevation of Legs.
2. Topical & Systemic AB.
3. Sometimes Surgical Debridment.





Large, Irregular, Redness (Swelling or Patch), with Ill-Defined Border, Present on the Foot.

D\I\D:

- 1- Cellulitis.
- 2- Erysipelas.
- 3- Stasis Eczema.
- 4- DVT.
- 5- Insect Bite.
- 6- Rupture of Baker Cyst.

Large, Irregular, Redness (Swelling or Patch), with Ill-Defined Border,
Present on the Arm.

D\D:

- 1- Cellulitis.
- 2- Erysipelas.
- 3- Insect Bite.
- 4- Eczema.



D\I\D:

- 1- Cellulitis.
- 2- Erysipelas.
- 3- Stasis Eczema.
- 4- DVT.
- 5- Insect Bite.
- 6- Rupture of Baker Cyst.



Large, Irregular, Redness (Swelling or Patch), with Ill-Defined Border, Present on the Right Leg.

Large, Irregular, Redness (Swelling or Patch), with Ill-Defined Border,
Present on the Left Leg.



D\I\D:

- 1- Cellulitis.
- 2- Erysipelas.
- 3- Stasis Eczema.
- 4- DVT.
- 5- Insect Bite.
- 6- Rupture of Baker Cyst.

Erysipelas

Large, Redness (Swelling or Patch), With Well-Defined Border,
Present on Cheek.

D\I of Erysipelas:

- 1- Cellulitis.
- 2- Insect Bite.
- 3- Dermatitis

Treatment of Erysipelas

1. Complete Bed Rest.
2. Topical & Systemic AB.



D\I\D:

- 1- Epysipelas.
- 2- Cellulitis.
- 3- Insect Bite.
- 4- Dermatitis.



Large, Redness (Swelling or Patch), With Well-Defined Border, Present on Cheek.

Large, Redness (Swelling or Patch), With Well-Defined Border,
Present on Cheek.

D\D:

- 1- Epysipelas.
- 2- Cellulitis.
- 3- Insect Bite.
- 4- Dermatitis.





Large, Redness (Swelling or Patch), With Well-Defined Border, Present on Cheek.

D\I\D:

- 1- Epysipelas.
- 2- Cellulitis.
- 3- Insect Bite.
- 4- Dermatitis.



Erythrasma

D\D of Erythrasma:

- 1- Fungal Infection (Candidiasis).
- 2- Psoriasis Inversus.
- 3- Eczema.

Single, Brown, Scaly, Patch, with Irregular, Well-Demarcated Border, Present on Axilla.



Treatment of Erythrasma

1. Anti-Biotic → (Erythromycin).
2. Anti-Fungal (Imidazole).
3. Benzyl Peroxide.

Single, Brown, Scaly, Patch, with Irregular, Well-Demarcated Border,
Present on Axilla.

D\D:

- 1- Erythrasma.
- 2- Fungal Infection (Candidiasis).
- 3- Psoriasis Inversus.
- 4- Eczema.

D\D:

1- Erythrasma.

2- Fungal Infection (Candidiasis).

3- Psoriasis Inversus.

4- Eczema.



Single, Brown, Scaly, Patch, with Irregular, Well-Demarcated Border, Present on Axilla.

Single, Red, Scaly, Patch, with Irregular, Well-Demarcated Border,
Present on Axilla.

D\ID:

- 1- Erythrasma.
- 2- Fungal Infection (Candidiasis).
- 3- Psoriasis Inversus.
- 4- Eczema



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Erythrasma

Woods Lamp of Erythrasma

Coral Red in Color



Viral Skin Infection

Herpes Simplex Type1
Herpes Zoster
Hutchinson's Sign
Post Herpetic Scar
Common Wart
Plane Wart
Planter Wart
Filiform Wart
Molluscum Contagiosum

Common Cases for Clinic Exam

Herpes Zoster

Common Wart

Herpes Simplex Type1

D\I of Herpes Simplex:

- 1- Bacterial Infection (Impetigo).
- 2- Eczema.
- 3- Fungal Infection.
- 4- Oral Pemphigus.
- 5- Bullous Drug Eruption.
- 6- Burns.
- 7- Chemical Trauma



Multiple, Different Size & Shape, Clusters of Small Vesicles,
on Erythematous Base, Present at Angle of the Mouth & Lips.

Treatment of Herpes Simplex

1. Topical Acyclovir Cream 5 Times\Day\5 Days.
2. Topical AB Ointment to Prevent 2ry Bacterial Infection.



Multiple, Different Size & Shape, Clusters of Small Vesicles, Covered with Yellow Crust, on Erythematous Base Present around the Mouth & Lips.

D/D:

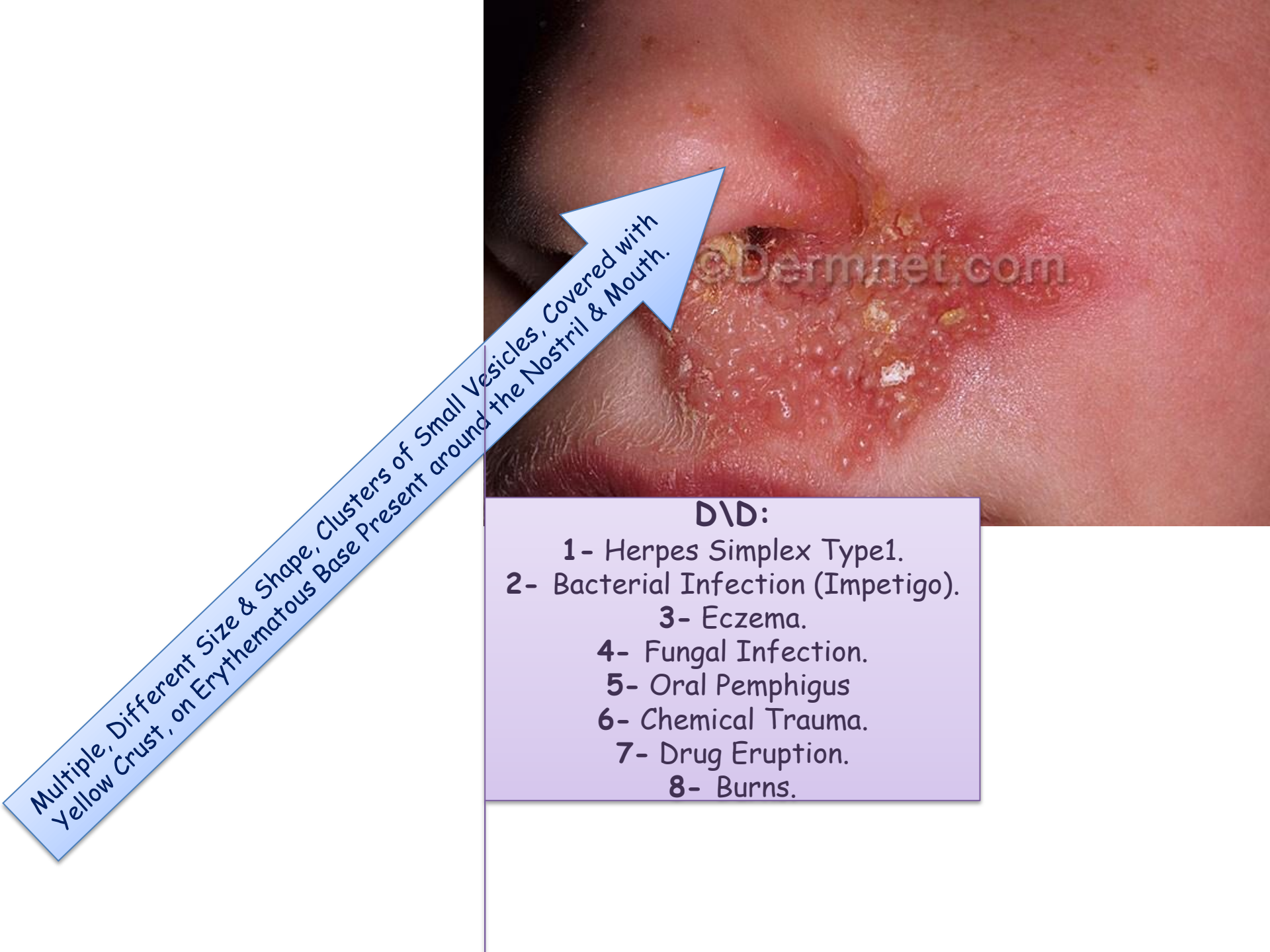
- 1- Herpes Simplex Type 1.
- 2- Bacterial Infection (Impetigo).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Oral Pemphigus
- 6- Chemical Trauma.
- 7- Drug Eruption.
- 8- Burns.

Multiple, Different Size & Shape, Clusters of Small Vesicles, Covered with Yellow Crust, on Erythematous Base Present around the Nostril & Mouth.

D\D:

- 1- Herpes Simplex Type1.
- 2- Bacterial Infection (Impetigo).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Oral Pemphigus
- 6- Chemical Trauma.
- 7- Drug Eruption.
- 8- Burns.





Multiple, Different Size & Shape, Clusters of Small Vesicles, Covered with Yellow Crust, on Erythematous Base Present around the Nostril & Mouth.

D\D:

- 1- Herpes Simplex Type1.
- 2- Bacterial Infection (Impetigo).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Oral Pemphigus
- 6- Chemical Trauma.
- 7- Drug Eruption.
- 8- Burns.

Multiple, Different Size & Shape, Clusters of Small Vesicles, Covered with Yellow Crust, on Erythematous Base Present around the Mouth & Lips.

D\D:

- 1- Herpes Simplex Type1.
- 2- Bacterial Infection (Impetigo).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Oral Pemphigus
- 6- Chemical Trauma.
- 7- Drug Eruption.
- 8- Burns.



D\I\D:

- 1- Herpes Simplex Type1.
- 2- Bacterial Infection (Impetigo).
- 3- Eczema.
- 4- Fungal Infection.
- 5- Oral Pemphigus
- 6- Chemical Trauma.
- 7- Drug Eruption.
- 8- Burns.
- 9- Erythema Multiform Major.



Multiple, Different Size & Shape, Clusters of Small Vesicles,
on Erythematous Base Present Inside Lips, Gingiva & Tongue.

Herpes Simplex
Type 1



Herpes Simplex
Type 1



Herpes Simplex
Type 1

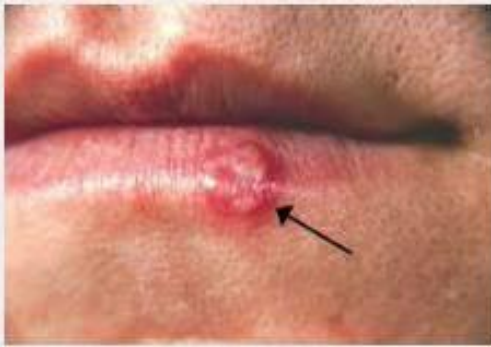


Herpes Simplex
Type 1



Herpes Simplex
Type 1





**Herpes Simplex
Type 1**



Herpetic Whitlow



Inoculation of
Virus
On to Tip of
Fingers



Eczema Herpaticum



Herpes Zoster

Multiple, Different Size & Shape, Group of Small Vesicles, on Erythematous Base, Following Specific Pattern Of Distribution (Dermatomal Distribution).

D\D of Herpes Zoster:

- 1- Herpes Simplex.
- 2- Bacterial Infection (Impetigo).
- 3- Dermatitis Herpetiformis.
- 4- Eczema.
- 5- Fungal Infection.
- 6- Bullous Drug Eruption.
- 7- Chemical Trauma.
- 8- Burns.

Treatment of Herpes Zoster

1. Systemic Acyclovir 800mg Orally 5 Times\Day\Week.
2. Topical AB.
3. Analgesia.
4. Vitamin B6, B12.



D\D:

- 1- Herpes Zoster.
- 2- Herpes Simplex.
- 3- Bacterial Infection (Impetigo).
- 4- Dermatitis Herpetiformis.
- 5- Eczema.
- 6- Fungal Infection.
- 7- Bullous Drug Eruption.
- 8- Chemical Trauma.
- 9- Burns.



Multiple, Different Size & Shape, Group of Small Vesicles,
On Erythematous Base, Following Dermatomal Distribution On Chest.

Multiple, Different Size & Shape, Group of Small Vesicles,
On Erythematous Base, Following Dermatomal Distribution On Abdomen.

D/D:

- 1- Herpes Zoster.
- 2- Herpes Simplex.
- 3- Bacterial Infection (Impetigo).
- 4- Dermatitis Herpetiformis.
- 5- Eczema.
- 6- Fungal Infection.
- 7- Bullous Drug Eruption.
- 8- Chemical Trauma.
- 9- Burns.



D\D:

- 1- Herpes Zoster.
- 2- Herpes Simplex.
- 3- Bacterial Infection (Impetigo).
- 4- Dermatitis Herpetiformis.
- 5- Eczema.
- 6- Fungal Infection.
- 7- Bullous Drug Eruption.
- 8- Chemical Trauma.
- 9- Burns.



Multiple, Different Size & Shape, Group of Small Vesicles,
On Erythematous Base, Following Dermatomal Distribution On Chest.

D\I\D:

- 1- Herpes Zoster.
- 2- Herpes Simplex.
- 3- Bacterial Infection (Impetigo).
- 4- Dermatitis Herpetiformis.
- 5- Eczema.
- 6- Fungal Infection.
- 7- Bullous Drug Eruption.
- 8- Chemical Trauma.
- 9- Burns.

Multiple, Different Size & Shape, Group of Small Vesicles,
On Erythematous Base, Following Dermatomal Distribution On Chest.



Multiple, Different Size & Shape, Group of Small Vesicles,
On Erythematous Base, Following Dermatomal Distribution On Neck & Upper Chest.

D\D:

- 1- Herpes Zoster.
- 2- Herpes Simplex.
- 3- Bacterial Infection (Impetigo).
- 4- Dermatitis Herpetiformis.
- 5- Eczema.
- 6- Fungal Infection.
- 7- Bullous Drug Eruption.
- 8- Chemical Trauma.
- 9- Burns.



D\D:

- 1- Herpes Zoster.
- 2- Herpes Simplex.
- 3- Bacterial Infection (Impetigo).
- 4- Dermatitis Herpetiformis.
- 5- Eczema.
- 6- Fungal Infection.
- 7- Bullous Drug Eruption.
- 8- Chemical Trauma.
- 9- Burns.



Multiple, Different Size & Shape, Group of Small Vesicles,
On Erythematous Base, Following Dermatomal Distribution On the Back.

Herpes Zoster



Multiple, Different Size & Shape, Group of Small Vesicles,
On Erythematous Base, Following Dermatomal Distribution On the Back.



D\ID:

- 1- Herpes Zoster.
- 2- Herpes Simplex.
- 3- Bacterial Infection (Impetigo).
- 4- Dermatitis Herpetiformis.
- 5- Eczema.
- 6- Fungal Infection.
- 7- Bullous Drug Eruption.
- 8- Chemical Trauma.
- 9- Burns.

D\D:

- 1- Herpes Zoster.
- 2- Herpes Simplex.
- 3- Bacterial Infection (Impetigo).
- 4- Dermatitis Herpetiformis.
- 5- Eczema.
- 6- Fungal Infection.
- 7- Bullous Drug Eruption.
- 8- Chemical Trauma.
- 9- Burns.



Multiple, Different Size & Shape, Group of Small Vesicles,
On Erythematous Base, Following Dermatomal Distribution On the Abdomen.



FIGURE 2. Case of herpes zoster ophthalmicus



Photo: M. Cohen, University of California, San Diego

Hutchinson's Sign



Multiple, Different Size & Shape, Clusters of Vesicles, on Erythematous Base, Following **Ophthalmic Branch** of Trigeminal Nerve & Its Branches.

Hutchinson's Sign



Hutchinson's Sign



Ramsay Hunt Syndrome



Ramsy Hunt Syndrome



Ramsy Hunt Syndrome



Post Herpetic Scar



Post Herpetic Scar



Common Wart (Varruca Vulgaris)

Multiple, Unilateral, Different Size & Shape, Skin Colored, Papules, with Rough Surface & Hyperkeratosis, Scattered on Dorsum of the Hand.

D\I of Common Wart:

- 1- Plane Wart.
- 2- Filiform Wart.
- 3- Molloscum Contagiosum.

Treatment of Common Wart

1. Cryotherapy (with Liquid Nitrogen).
2. Electrodessecation & Curettage.



Multiple, Unilateral, Different Size & Shape, Skin Colored, Papules,
with Rough Surface & Hyperkeratosis, Scattered on Dorsum of the Hand.

D\ID:

- 1- Common Wart:
- 2- Plane Wart.
- 3- Filiform Wart.
- 4- Molloscum Contagiosum.



Multiple, Unilateral, Different Size & Shape, Skin Colored, Papules,
with Rough Surface & Hyperkeratosis, Scattered on Dorsum of the Hand.



D\I\D:

- 1- Common Wart:
- 2- Plane Wart.
- 3- Filiform Wart.
- 4- Molluscum Contagiosum.

Common Wart



Common Wart



Plane Wart (Flat Wart)

Multiple, with Rough Surface, Flesh Colored, Slightly Elevated Papules, Slightly Hyperkeratosis, Scattered on the Cheek.

D\D of Plane Wart:

- 1- Molluscum Contagiosum.
- 2- Common Wart.
- 3- Filiform Wart.



Treatment of Common Wart
1. Electrodesecation & Curettage.

- D\ID:**
- 1- Plane Wart.
 - 2- Common Wart.
 - 3- Filiform Wart.
 - 4- Molluscum Contagiosum.

Multiple, with Rough Surface, Flesh Colored, Slightly Elevated Papules,
Slightly Hyperkeratosis, Scattered on the Cheek.





Multiple, with Rough Surface, Flesh Colored, Slightly Elevated Papules, Slightly Hyperkeratosis, Scattered on the Cheek.

- D\D:**
- 1- Plane Wart.
 - 2- Common Wart.
 - 3- Filiform Wart.
 - 4- Molluscum Contagiosum.

Multiple, with Rough Surface, Flesh Colored, Slightly Elevated Papules,
Slightly Hyperkeratosis, Scattered on Forehead.

D\D:

- 1- Plane Wart.
- 2- Common Wart.
- 3- Filiform Wart.
- 4- Molluscum Contagiosum.



Planter Wart

D\D of Planter Wart:

- 1- Mosaic Wart.
- 2- Callosity.
- 3- Foreign Body.

Single, Hyperkeratotic, Papule, with Black Dot,
Present on Plantar Surface of the Foot.



Treatment of Planter Wart

- 1. Salicylic Acid.

D\D

- 1- Planter Wart.
- 2- Mosaic Wart.
- 3- Callosity.
- 4- Foreign Body.

Single, Hyperkeratotic, Papule, with Multiple Black Dots,
Present on Plantar Surface of the Foot.



D/D

- 1- Planter Wart.
- 2- Mosaic Wart.
- 3- Callosity.
- 4- Foreign Body.

Multiple, Different Size & Shape, Hyperkeratotic, Papules, with Black Dots,
Present on Plantar Surface of the Foot.



D\D

- 1- Planter Wart.
- 2- Mosaic Wart.
- 3- Callosity.
- 4- Foreign Body.

Single, Hyperkeratotic, Papule, with Black Dot,
Present on Plantar Surface of the Foot.



Filiform Wart

D\D

- 1- Filiform Wart.
- 2- Common Wart.
- 3- Plane Wart.

Single, Long, Slender Growth
Present on Upper Eyelid.



Treatment of Filiform Wart
1. Electrodesseccation & Curettage.

Filiform Wart

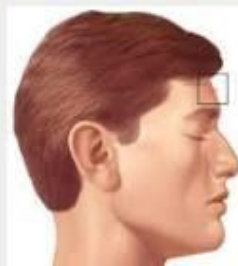


Filiform Wart





REUTERS INC. - EADH/REUTERS.COM



Filiform wart:
Found on face.



By John Gault M.D. MD

Mosaic Wart





Plantar Warts



Callosity



Callosity



Molluscum Contagiosum

D\D of Molluscum Contagiosum:

- 1- Wart.
- 2- Navies.
- 3- Basal Cell Carcinoma.

Multiple, Different Size, Pink, Centrally Umblicated,
Dome Shaped Papules.



Treatment of Molluscum Contagiosum

- 1. Locally Removed by Curettage.
- 2. Cryotherapy (with Liquid Nitrogen).

D\D

- 1- Molluscum Contagiosum.
- 2- Wart.
- 3- Navies.
- 4- Basal Cell Carcinoma.

Multiple, Different Size, Pink, Centrally Umblicated,
Dome Shaped Papules.



D\D

- 1- Molluscum Contagiosum.
- 2- Wart.
- 3- Navies.
- 4- Basal Cell Carcinoma.



Multiple, Different Size, Pink, Centrally Umbilicated,
Dome Shaped Papules.

Multiple, Different Size & Shape, Pink,
Centrally Umblicated, Dome Shaped Papules.

D\D

- 1- Molluscum Contagiosum.
- 2- Wart.
- 3- Navies.
- 4- Basal Cell Carcinoma.

SCIENCEPHOTOLIBRARY

Fungal Skin Infection

Non Inflammatory Tinea Capitis

Kerion

Favus

Woods Lamp & KOH

Tinea Pedis

Pityriasis Versicolor

Woods Lamp & KOH

Oral Trush

Paronychia

Intertrigo

Common Cases for Clinic Exam

Tinea Capitis

Pityriasis Versicolor

Non-Inflammatory Tinea Capitis

Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss, with Black Dots, **Not** Scaly, **Not** Inflammatory, Present on the Scalp.



D\D of Non-Inflammatory Tinea Capitis:

- 1- Alopecia Areata.
- 2- Androgenic Alopecia
- 3- Tractional Alopecia.
- 4- Trichotilomania.
- 5- Hair-Pulling Habit.

Treatment of Non-Inflammatory Tinea Capitis

- Systemic Anti-Fungal
(Grisofulvin 20mg/kg/day for 6 Weeks Orally).
OR Systemic Terbinafine

D\I\D:

- 1- Non-Inflammatory Tinea Capitis.
- 2- Alopecia Areata.
- 3- Androgenic Alopecia
- 4- Tractional Alopecia.
- 5- Trichotilomania.
- 6- Hair-Pulling Habit.

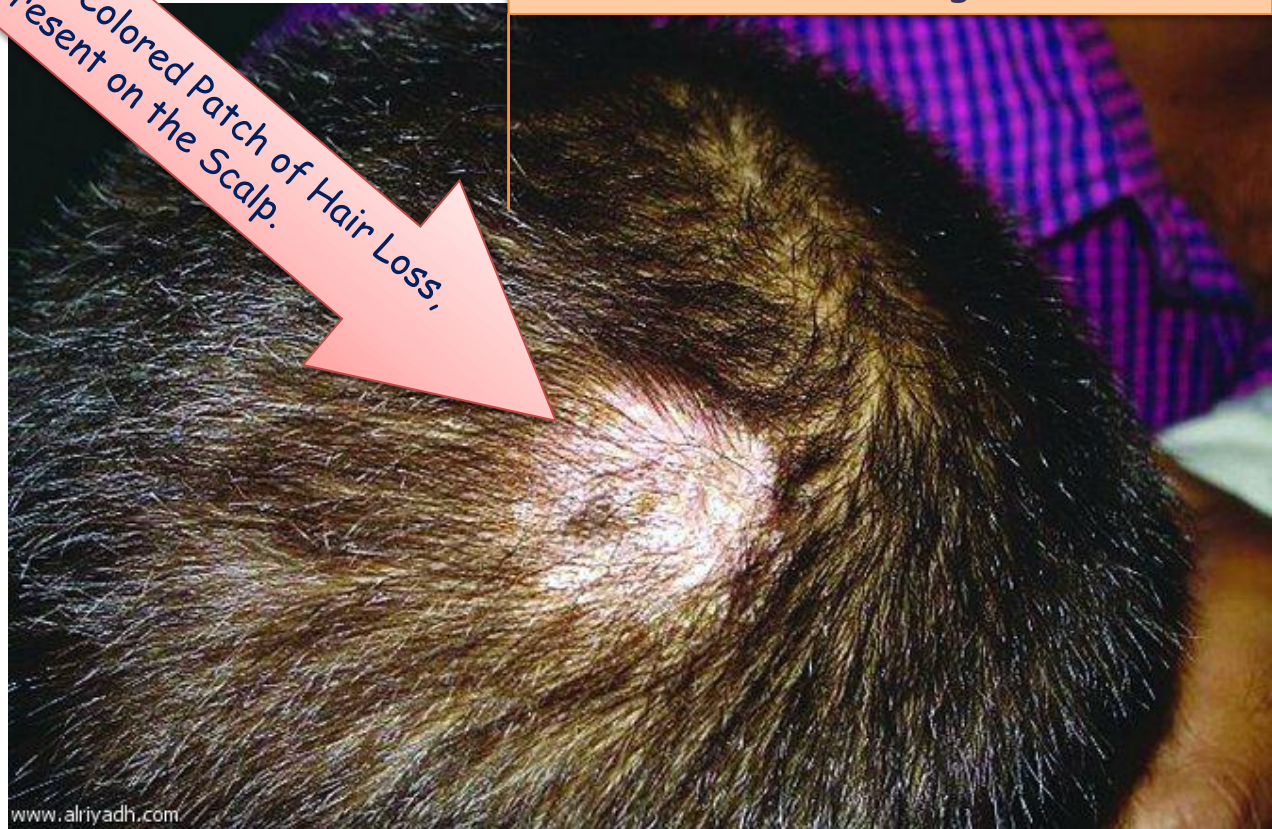


Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss,
with Black Dots, **Not** Scaly, **Not** Inflammatory, Present on the Scalp.

Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss,
Not Scaly, **Slightly Red**, Present on the Scalp.

D\D:

- 1- Non-Inflammatory Tinea Capitis.
- 2- Alopecia Areata.
- 3- Androgenic Alopecia
- 4- Tractional Alopecia.
- 5- Trichotilomania.
- 6- Hair-Pulling Habit.





Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss,
Not Scaly, **Not** Inflammatory, Present on the Scalp.

D\I\D:

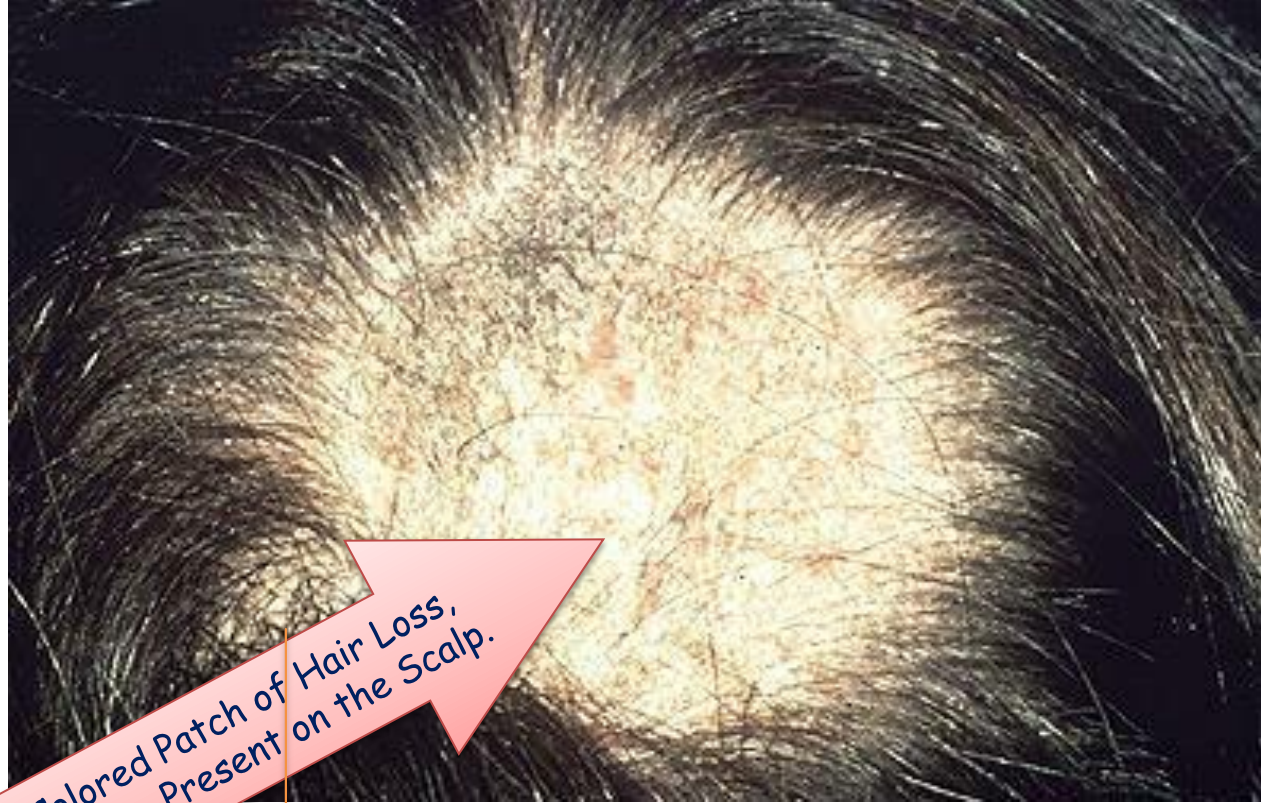
- 1- Non-Inflammatory Tinea Capitis.
- 2- Alopecia Areata.
- 3- Androgenic Alopecia
- 4- Tractional Alopecia.
- 5- Trichotilomania.
- 6- Hair-Pulling Habit.

Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss,
Not Scaly, **Not** Inflammatory, Present on the Scalp.

D\D:

- 1- Non-Inflammatory Tinea Capitis.
- 2- Alopecia Areata.
- 3- Androgenic Alopecia
- 4- Tractional Alopecia.
- 5- Trichotilomania.
- 6- Hair-Pulling Habit.





Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss, with Black Dots, **Not** Scaly, **Not** Inflammatory, Present on the Scalp.

D\I\D:

- 1- Non-Inflammatory Tinea Capitis.
- 2- Alopecia Areata.
- 3- Androgenic Alopecia
- 4- Tractional Alopecia.
- 5- Trichotilomania.
- 6- Hair-Pulling Habit.

Inflammatory Tinea Capitis (Kerion)

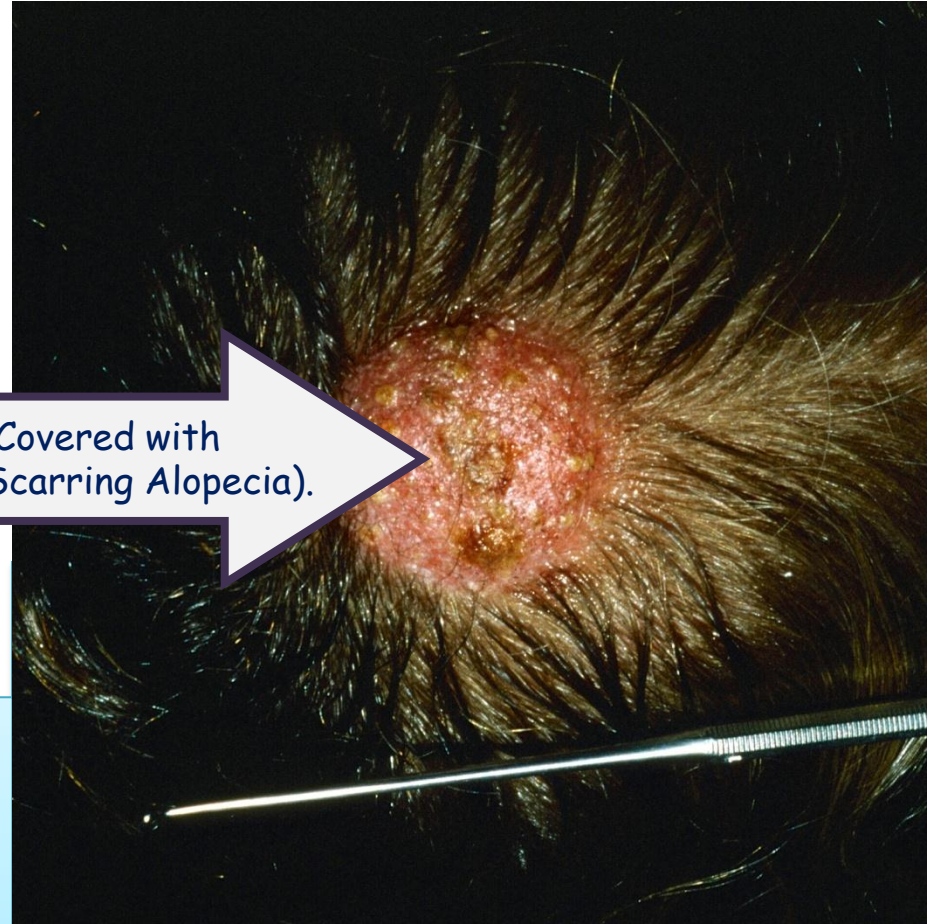
D\D of Kerion:

- 1- Bacterial Infection (Carbuncle).
- 2- Basal Cell Carcinoma.
- 3- Discoid Lupus.
- 4- Trauma.
- 5- Burns.

Single, Oval, Well-Defined, Red Crusted Nodule, Covered with Multiple Yellow Crust, Causing Hair Loss of the Scalp (Scarring Alopecia).

Treatment of Kerion

Systemic Anti-Fungal
(Grisofulvin 20mg/kg/day for 6 Weeks Orally).



D\D:

1- Kerion.

2- Bacterial Infection (Carbuncle).

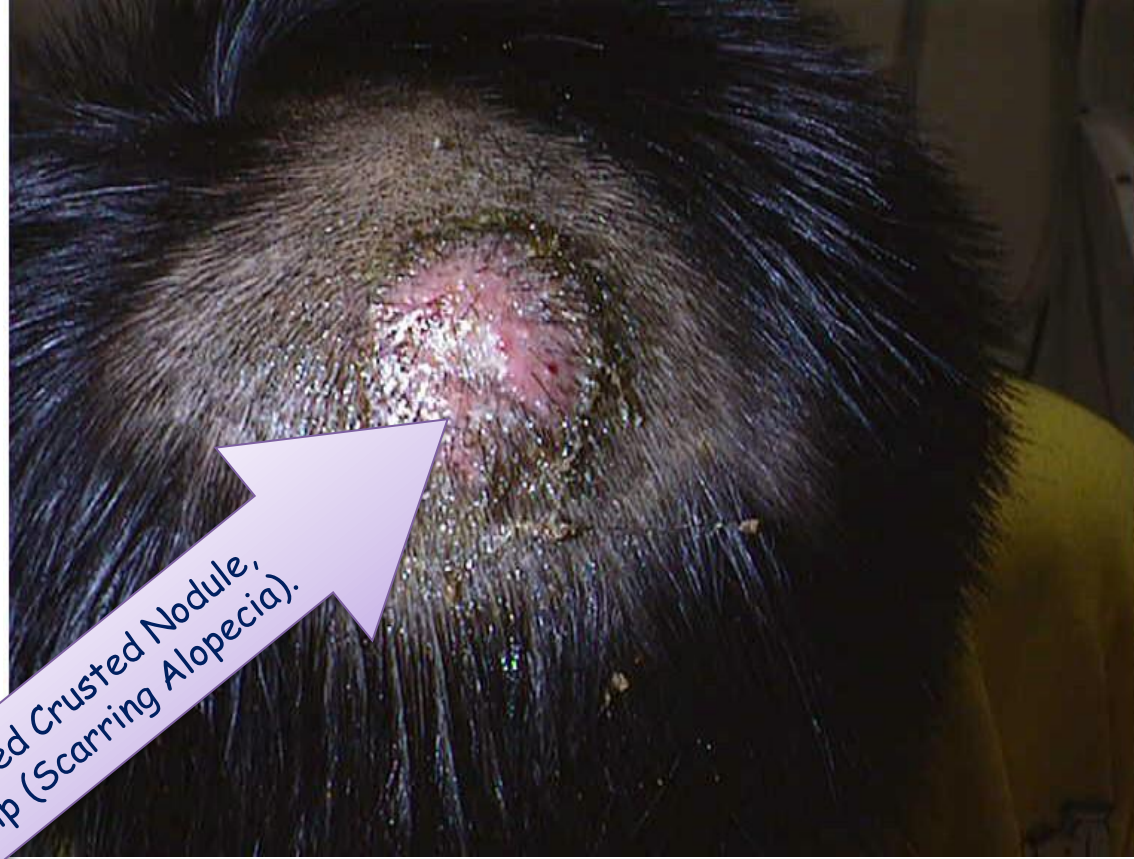
3- Basal Cell Carcinoma.

4- Discoid Lupus.

5- Trauma.

6- Burns.

Single, Oval, Well-Defined, Red Crusted Nodule,
Causing Hair Loss of the Scalp (Scarring Alopecia).



D\D:

- 1- Kerion.
- 2- Bacterial Infection (Carbuncle).
- 3- Basal Cell Carcinoma.
- 4- Discoid Lupus.
- 5- Trauma.
- 6- Burns.

Multiple, Different Size & Shape, Well-Defined, Red Ulcerative Nodule,
Causing Hair Loss of the Scalp (Scarring Alopecia).



D\I\D:

1- Kerion.

2- Bacterial Infection (Carbuncle).

3- Basal Cell Carcinoma.

4- Discoid Lupus.

5- Trauma.

6- Burns.

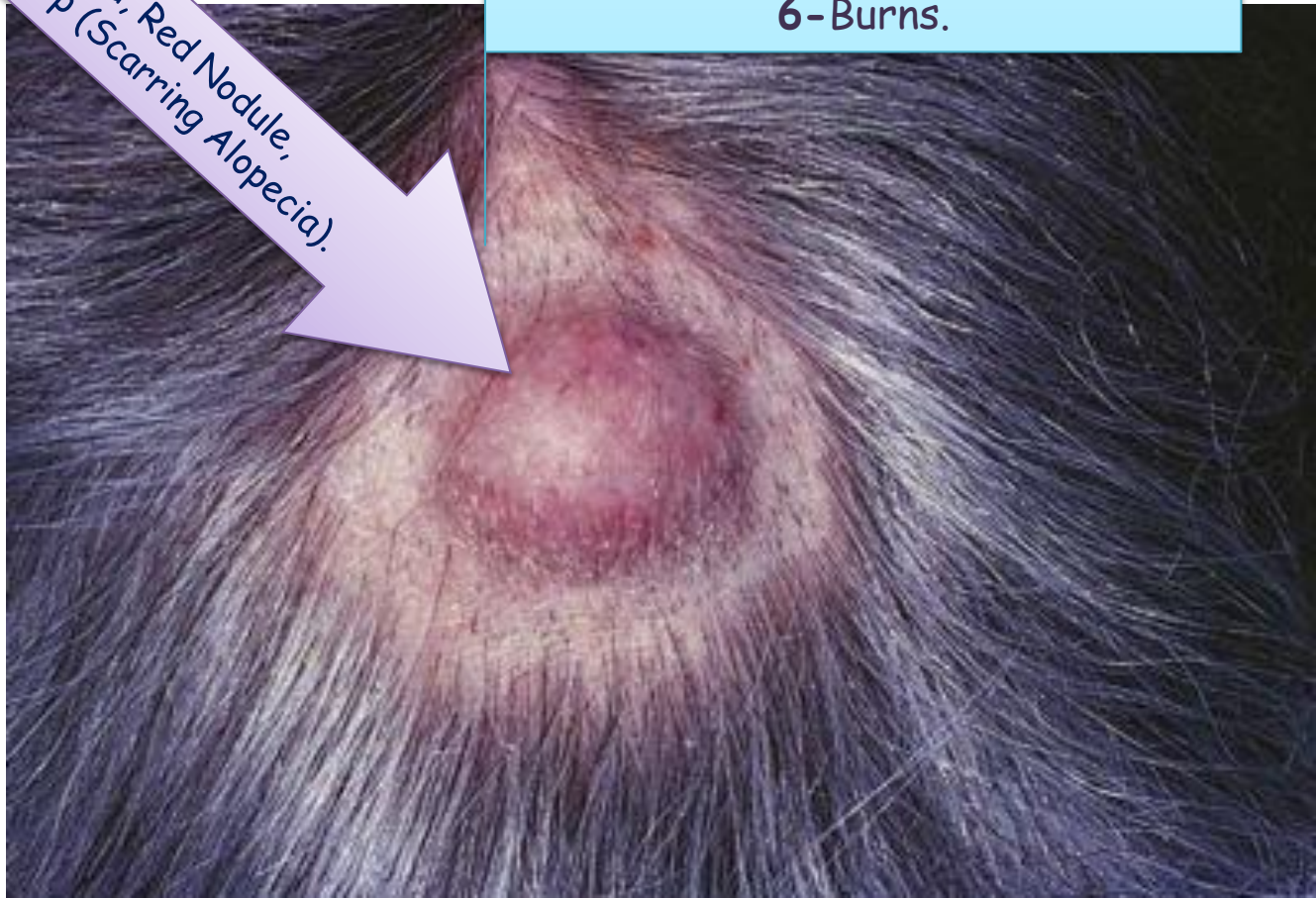
Single, Oval, Well-Defined, Shiny, Red Nodule,
Causing Hair Loss of the Scalp (Scarring Alopecia).

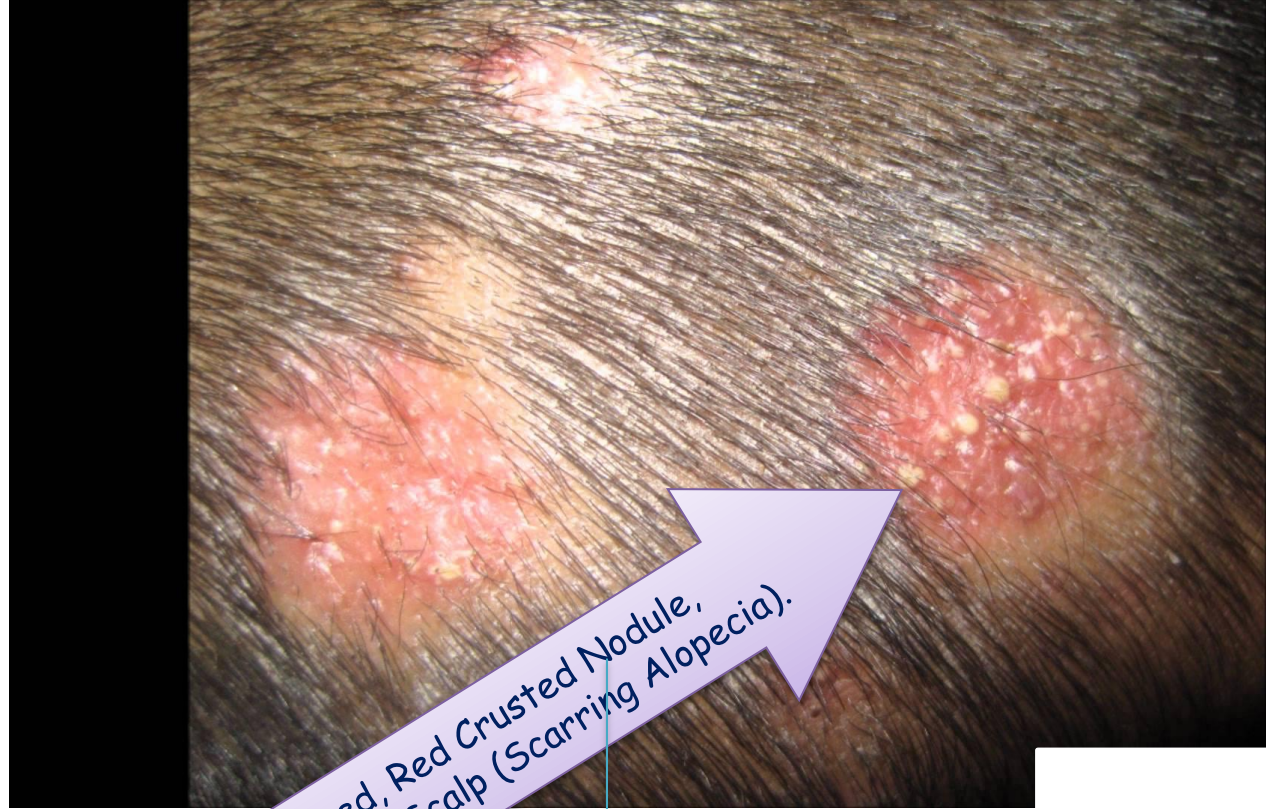


Single, Oval, Well-Defined, Red Nodule,
Causing Hair Loss of the Scalp (Scarring Alopecia).

D\D:

- 1- Kerion.
- 2- Bacterial Infection (Carbuncle).
- 3- Basal Cell Carcinoma.
- 4- Discoid Lupus.
- 5- Trauma.
- 6- Burns.





Multiple, Different Size & Shape, Well-Defined, Red Crusted Nodule,
& Multiple, Yellow Pustules, Causing Hair Loss of the Scalp (Scarring Alopecia).

D\D:

- 1- Kerion.
- 2- Bacterial Infection (Carbuncle).
- 3- Basal Cell Carcinoma.
- 4- Discoid Lupus.
- 5- Trauma.
- 6- Burns.

Kerion



Kerion



Kerion





Courtesy of
The Genetics Research Institute, Irvine, CA
Provided by: Dr. T. Turner, Atlanta, GA
Produced by: David Ellis and Richard Morris

Inflammatory Tinea Capitis (Favus)

Multiple, Diffuse, Thick, Yellow, Cup Shaped, Adherent Crust (Scatula)
Scattered on the Scalp Causing Hair Loss (Scarring Alopecia).

D\D of Favus:

- 1- Seborrhoeic Dermatitis.
- 2- Scalp Psoriasis.

Treatment of Favus

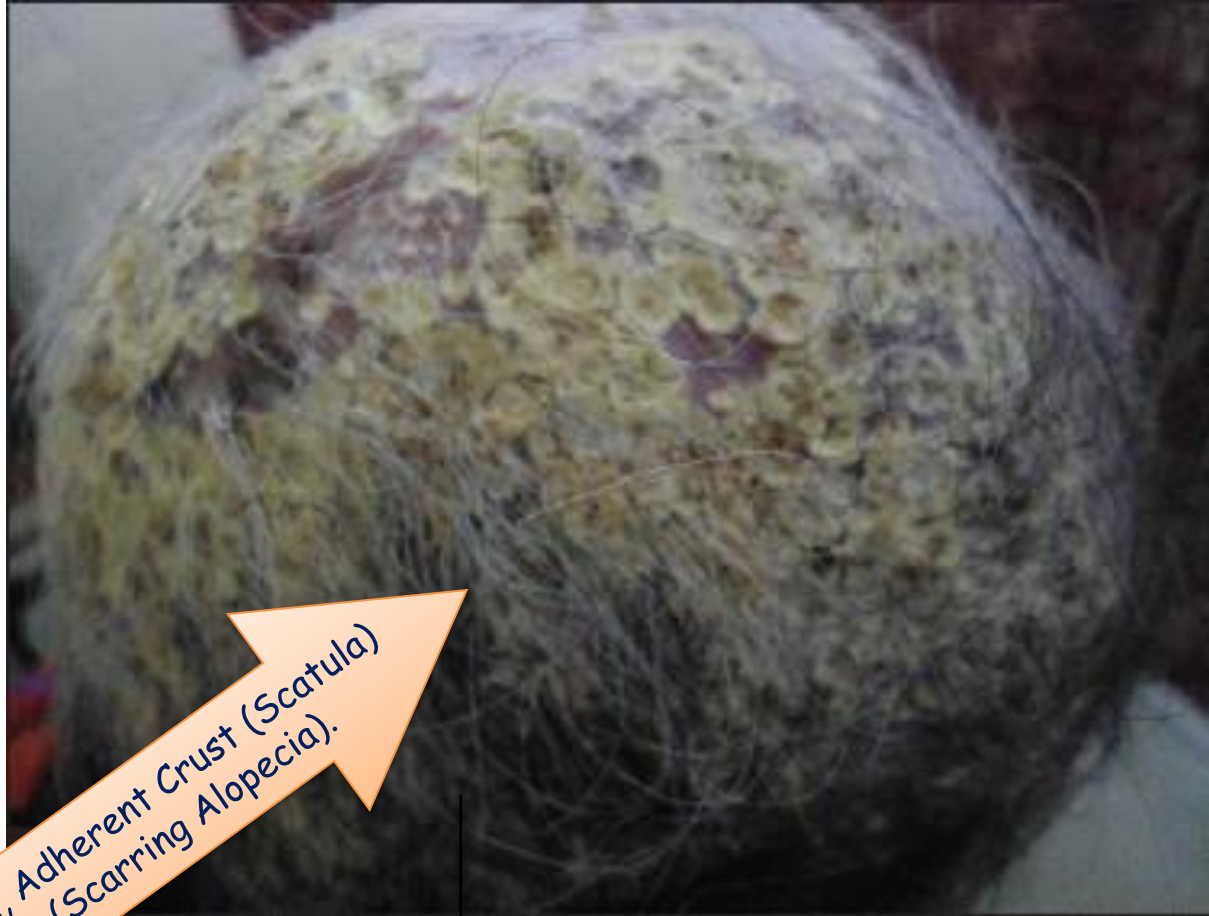
Systemic Anti-Fungal
(Grisofulvin 20mg\kg\day for 6Weeks Orally).



Favus



Multiple, Diffuse, Thick, Yellow, Cup Shaped, Adherent Crust (Scatula)
Scattered on the Scalp Causing Hair Loss (Scarring Alopecia).



D\D:

- 1- Favus.
- 2- Seborrhoeic Dermatitis.
- 3- Scalp Psoriasis.

Multiple, Diffuse, Thick, Yellow, Cup Shaped, Adherent Crust (Scatula)
Scattered on the Scalp Causing Hair Loss (Scarring Alopecia).

D\D:

1- Favus.

2- Seborrhoeic Dermatitis.

3- Scalp Psoriasis.



D\D:

- 1- Favus.
- 2- Seborrhoeic Dermatitis.
- 3- Scalp Psoriasis.

Multiple, Diffuse, Thick, Yellow, Cup Shaped, Adherent Crust (Scatula)
Scattered on the Scalp Causing Hair Loss (Scarring Alopecia).



Multiple, Diffuse, Thick, Yellow, Cup Shaped, Adherent Crust (Scatula)
Scattered on the Scalp Causing Hair Loss (Scarring Alopecia).

- D\I\D:**
- 1- Favus.
 - 2- Seborrhoeic Dermatitis.
 - 3- Scalp Psoriasis.



Woods Lamp & KOH of Tinea Capitis



Hyphae & Spores



Green in Color

Tinea Pedis

D\D of Tinea Pedis:

- 1- Candidiasis.
- 2- Dermatitis.
- 3- Bacterial Infection (Erythrasma).
- 4- Trauma.

Inter-Digital, Whitish Maceration & Fissure.



Treatment of Tinea Pedis

1. Topical Anti-Fungal (Imidazole Derivatives).

Tinea Pedis



Tinea Pedis

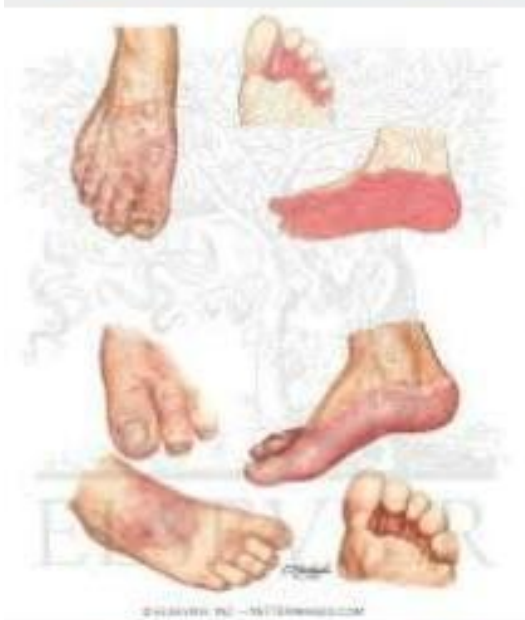


Tinea Pedis



Tinea Pedis





Source: Wolff K, Goldsmith LA, Katz VL, Gilchrist SA, Paller AS, Lippell EC.
 Ruptured & Depressed in General Medicine, 10th Edition. <http://www.accessmedicine.com>
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Tinea Corporis



Tinea Corporis



Tinea Corporis



Tinea Corporis



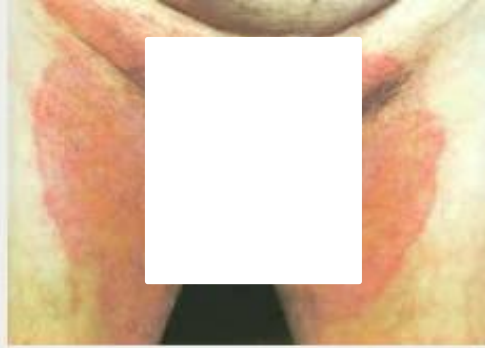


Image Courtesy of B. Smith
Copyright © 2000 Dermatologic Corporation



Tinea Cruris





Tinea Manuum



Tinea Manuum



Tinea Manuum



SFS



Tinea Unguium



Tinea Unguium



Tinea Unguium



Dermatofitosis

Tinea Unguium





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Pityriasis Versicolor

Multiple, Different Size & Shape, Hypo-Pigmented, Macules & Patches, Scattered on the Back of the Neck & the Trunk.



D\D of Pityriasis Versicolor:

- 1- Vitiligo.
- 2- Pityriasis Alba.
- 3- Tuberculoid Leprosy.
- 4- Post Inflammatory.
- 5- Post Traumatic.

Treatment of Pityriasis Versicolor

1. Systemic Itrakonazole 100mg.
2. Nizoral Shampoo.

D\D:

- 1- Pityriasis Versicolor.
- 2- Pityriasis Alba.
- 3- Vitiligo.
- 4- Tuberculoid Leprosy.
- 5- Post Inflammatory.
- 6- Post Traumatic.



Multiple, Different Size & Shape, Hypo-Pigmented, Macules & Patches,
Scattered on the Back of the Trunk & Upper Shoulder.

Multiple, Different Size & Shape, Hypo-Pigmented, Macules,
Scattered on the Back & Upper Shoulder.

D\D:

- 1- Pityriasis Versicolor.
- 2- Pityriasis Alba.
- 3- Vitiligo.
- 4- Tuberculoid Leprosy.
- 5- Post Inflammatory.
- 6- Post Traumatic.



D\ID:

- 1- Pityriasis Versicolor.
- 2- Pityriasis Alba.
- 3- Vitiligo.
- 4- Tuberculoid Leprosy.
- 5- Post Inflammatory.
- 6- Post Traumatic.



Multiple, Different Size & Shape, Hypo-Pigmented, Macules & Patches,
Scattered on the Back & Upper Shoulder.

D\D:

- 1- Pityriasis Versicolor.
- 2- Pityriasis Alba.
- 3- Vitiligo.
- 4- Tuberculoid Leprosy.
- 5- Post Inflammatory.
- 6- Post Traumatic.



*Multiple, Different Size & Shape, Hypo-Pigmented, Macules & Patches,
Scattered on the Neck & Upper Chest.*

27 10:05

D\D:

- 1- Pityriasis Versicolor.
- 2- Post Inflammatory.
- 3- Post Traumatic.
- 4- Neurofibromatosis.
- 5- Freckles.



Multiple, Different Size & Shape, Hyper-Pigmented, Macules & Patches,
Scattered on the Chest.

Multiple, Different Size & Shape, Hyper-Pigmented, Macules & Patches,
Scattered on the Axila.

D\D:

- 1- Pityriasis Versicolor.
- 2- Post Inflammatory.
- 3- Post Traumatic.
- 4- Neurofibromatosis.
- 5- Freckles.



D\I\D:

- 1- Pityriasis Versicolor.
- 2- Post Inflammatory.
- 3- Post Traumatic.
- 4- Neurofibromatosis.
- 5- Freckles.



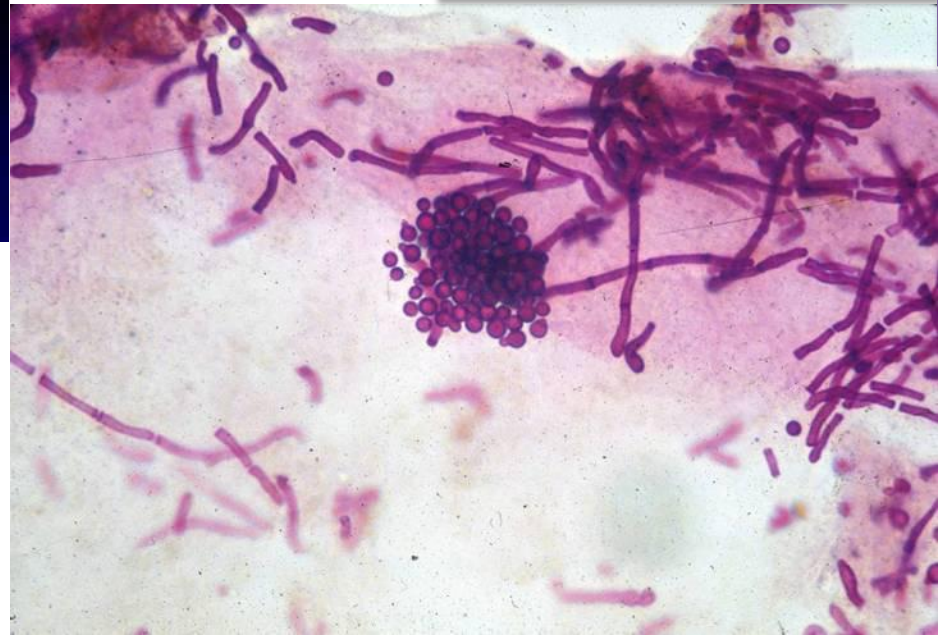
Multiple, Different Size & Shape, Hyper-Pigmented, Macules & Patches,
Scattered on the Back.

Woods Lamp & KOH of Pityriasis Versicolor



Golden Yellow in Color

Spaghetti Meat Form



Oral Thrush (Candidiasis)

White Membrane (Patch) Present on the Tongue.



Treatment of Oral Thrush
Systemic Nystatine.



Oral Thrush



Chronic Paronychia (Candidiasis)

D\D of Paronychia:
1- Bacterial Infection.
2- Trauma.
3- Burns.

Shiny, Erythematous, Swelling in Nail fold of Big Toe.



Treatment of Paronychia
Topical Nystatine.

Chronic Paronychia





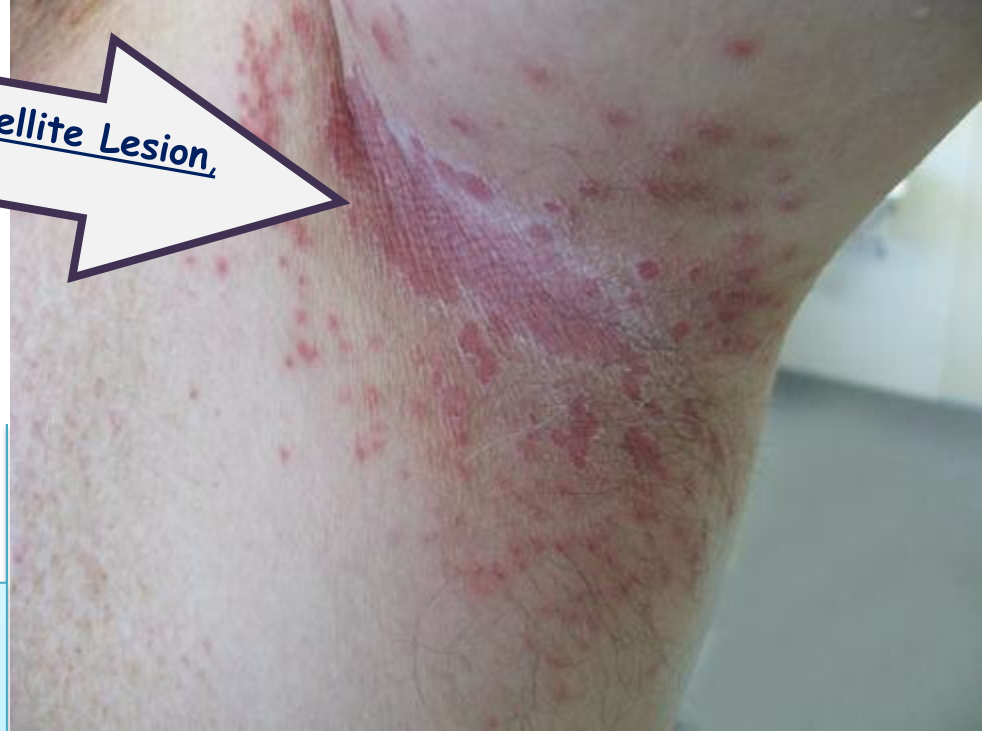
Intertrigo (Candidiasis)

Irregular, Erythematous, Patch, with Scattered Satellite Lesion,
Present on Axilla.

D\D of Intertrigo:

- 1- Psoriasis Inverses.
- 2- Erythrasma.
- 3- Eczema.

Treatment of Intertrigo
Topical Nystatine.



Intertrigo





Intertrigo



Parasitic Skin Infestation

Scabies

Burrow , KOH

Cutaneous Leishmaniasis

Amastigoite , Promastigoite

Pediculosis Capitis & Hair Nits

Pediculosis Corporis

Common Cases for Clinic Exam

Leishmaniasis

Cutaneous Leishmaniasis

Single, Well-Defined, Ulcer, on Erythematous Base, Covered with Yellow Crust, Present on the Cheek.

D\D of Cutaneous Leishmaniasis:

- 1- Ecthyma.
- 2- Malignant Ulcer.
- 3- Chancre (Primary Syphilis).
- 4- Lupus Vulgaris (TB).

Treatment of Cutaneous Leishmaniasis

1. Sodium Stiboglyconate (Pentostame).
(Given Intra-Lesion, also can be given Systemic)
2. Cryotherapy.
3. Rifampicin.



D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Venous Ulcer.
- 4- Malignant Ulcer.
- 5- Chancre (Primary Syphilis).
- 6- Lupus Vulgaris (TB).



Single, Well-Defined, Punched-Out Ulcer, on Erythematous Base,
Covered with Yellow Crust, Present on Limb.

Single, Well-Defined, Punched-Out Ulcer, on Erythematous Base,
Covered with Yellow Crust, Present on Limb.

D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Venous Ulcer.
- 4- Malignant Ulcer.
- 5- Chancre (Primary Syphilis).
- 6- Lupus Vulgaris (TB).





Single, Well-Defined, Punched-Out Ulcer, on Erythematous Base,
Covered with Yellow Crust, Present on Limb.

D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Venous Ulcer.
- 4- Malignant Ulcer.
- 5- Chancre (Primary Syphilis).
- 6- Lupus Vulgaris (TB).

Single, Well-Defined, Punched-Out Ulcer, on Erythematous Base,
Covered with Yellow Crust, Present on Lower Limb.

D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Venous Ulcer.
- 4- Malignant Ulcer.
- 5- Chancre (Primary Syphilis).
- 6- Lupus Vulgaris (TB).



D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Venous Ulcer.
- 4- Malignant Ulcer.
- 5- Chancre (Primary Syphilis).
- 6- Lupus Vulgaris (TB).

Single, Well-Defined, Punched-Out Ulcer, on Erythematous Base,
Present on Lower Limb.



Multiple, Different Size & Shape, Well-Defined, Healed, Crusted Ulcers,
Present on Extensor Surface of Left Forearm.

D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Venous Ulcer.
- 4- Malignant Ulcer.
- 5- Gumma (Tertiary Syphilis).
- 6- Lupus Vulgaris (TB).



D\ID:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Venous Ulcer.
- 4- Malignant Ulcer.
- 5- Chancre (Primary Syphilis).
- 6- Lupus Vulgaris (TB).

Single, Well-Defined, Punched-Out Ulcer, on Erythematous Base, Covered with Thick, Dark Crust, Present on Medial Surface of Left Leg.



Multiple, Bilateral, Different Size & Shape, Ulcers,
Covered with Dark Yellow Crust, Present on Both Foot.

D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Venous Ulcer.
- 4- Malignant Ulcer.
- 5- Gumma (Tertiary Syphilis).
- 6- Lupus Vulgaris (TB).



D\ID:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Venous Ulcer.
- 4- Malignant Ulcer.
- 5- Gumma (Tertiary Syphilis).
- 6- Lupus Vulgaris (TB).



Single, Well-Defined, Punched-Out Ulcer, Covered with Dark Crust
Present on Left Wrist, Also Another Ulcer On Index Finger.

Multiple, Well-Defined, Punched-Out Crusted Ulcer, Covered with Thick Yellow Crust Present Dorsum of the Wrist, Index & Middle Fingers.

D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Malignant Ulcer.
- 4- Gumma (Tertiary Syphilis).
- 5- Lupus Vulgaris (TB).



D\ID:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Malignant Ulcer.
- 4- Gumma (Tertiary Syphilis).
- 5- Lupus Vulgaris (TB).



Multiple, Different Size & Shape, Crusted Ulcers, on Erythematous Base
Covered with Thick, Yellow Crust, Present on Forehead.

D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Malignant Ulcer.
- 4- Gumma (Tertiary Syphilis).
- 5- Lupus Vulgaris (TB).



Multiple, Different Size & Shape, Crusted Ulcerative Nodules,
on Erythematous Base Covered with Crust, Present on Right Forearm.

D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Malignant Ulcer.
- 4- Gumma (Tertiary Syphilis).
- 5- Lupus Vulgaris (TB).

Multiple, Different Size & Shape, Crusted Ulcerative Nodules,
on Erythematous Base, Covered with Crust, Present on Right Thigh.



Single, Red, Crusted, Ulcerative Nodule,
on Erythematous Base, Covered with Crust, Present on Cheek.

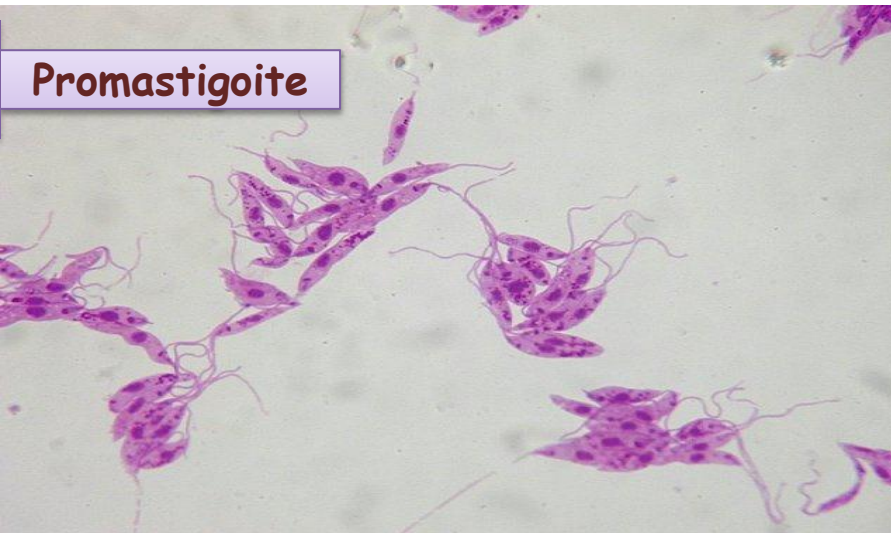
D\D:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Malignant Ulcer.
- 4- Chancre (Primary Syphilis).
- 5- Lupus Vulgaris (TB).

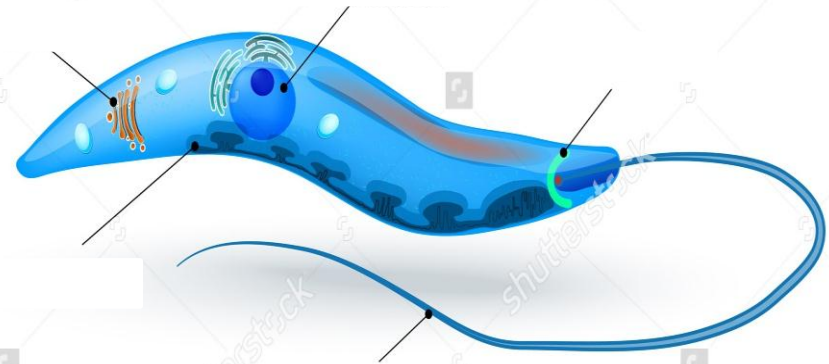




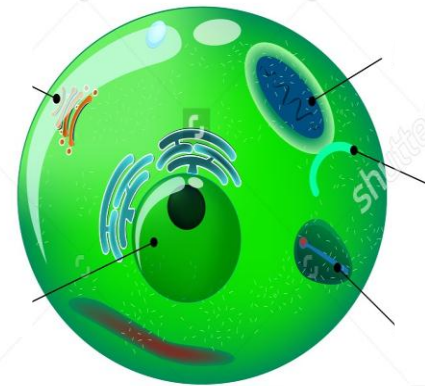
Amastigoite & Promastigoite



Promastigote form



Amastigote form



Scabies



Multiple, Different Size & Shape, Burrow Lesions, Papules & Scratch Marks, Present on the Wrist.

Treatment of Scabies

- All Family Member Should Be Treated
 1. Sulfur Ointment.
 2. Crotamitone 10% (Eurax).
 3. Malathion.

Scabies

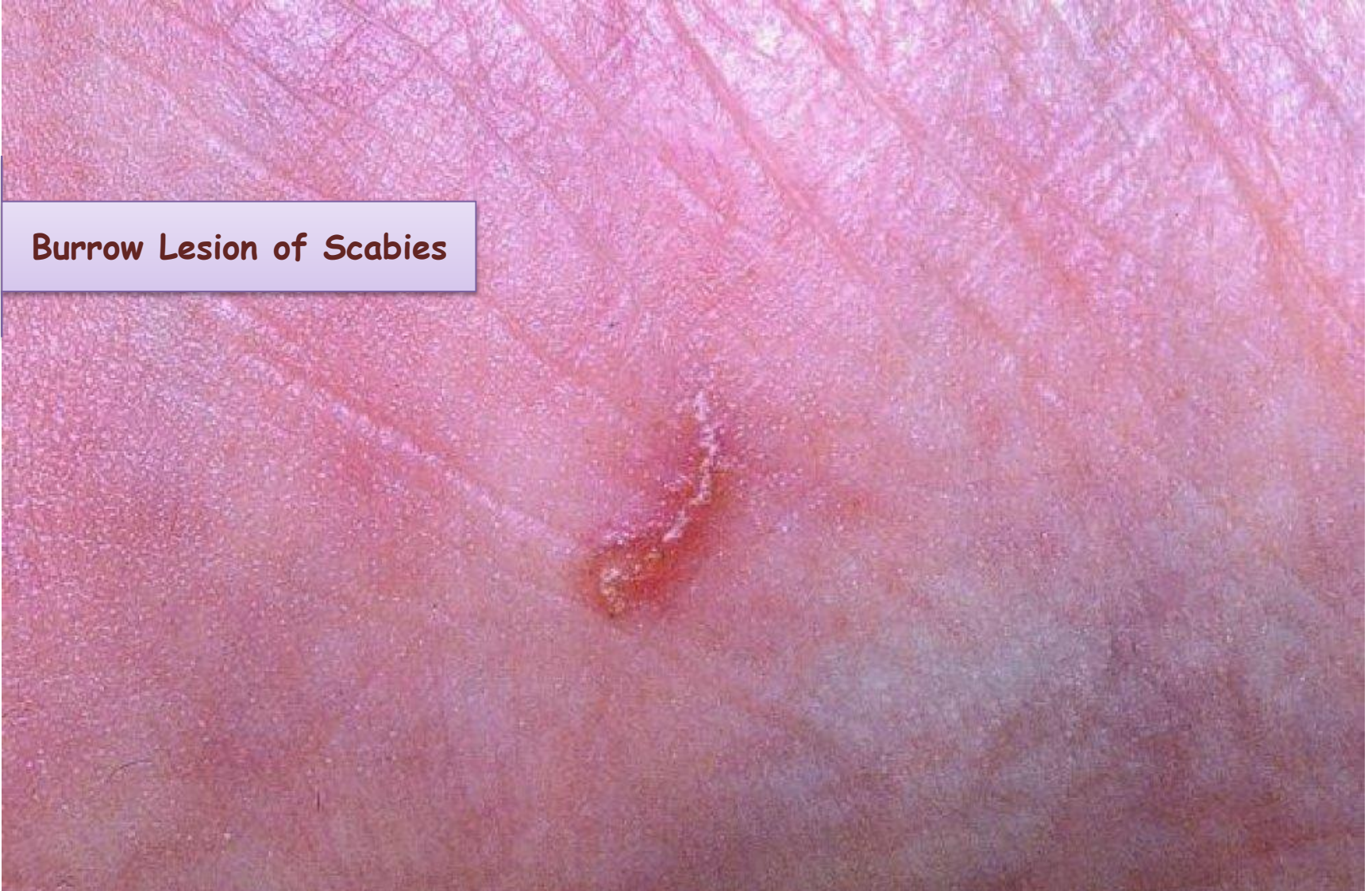
Burrow Lesion of Scabies

27 18:06

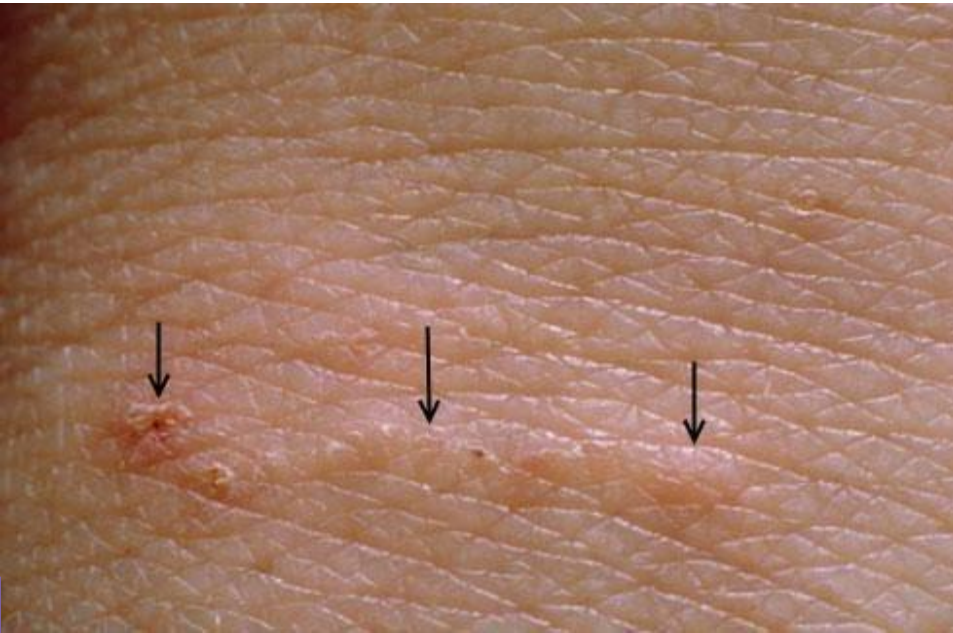
everyone wi

Scabies

Burrow Lesion of Scabies



Burrow + KOH



Burrow Lesion of Scabies

Sarcoptes Scabiei Mite & Its Eggs + Feces



Scabies



Scabies



Scabies



Scabies





Pediculosis Capitis & Nits

Hair Nits



Pediculosis Capitis

Multiple Hair Nits & Head Louse Present on the Hair of the Scalp.

Treatment of Pediculosis Capitis

1. Shaving of Hair.
2. Topical → Malathion, Benzyl Benzoate.
3. Systemic → Cotrimoxazole.
4. AB → For 2ry Bacterial Infection.

Pediculosis Capitis



Pediculosis Corporis



**Multiple Pediculosis Corporis Present on the Cloths,
Also There are Multiple Hemorrhagic Spots on Skin
Due to Bite of The Body Louse for Meal.**

Treatment of Pediculosis Corporis

1. Disinfect of Cloths.
2. Topical → Malathion, Benzyl Benzoate.
3. Systemic → Cotrimoxazole.
4. AB → For 2ry Bacterial Infection.

Mycobacterium Skin Infection & TB of Skin

Tuberculoid Leprosy
Lepromatous Leprosy
Lupus Vulgaris
Scrofula

Tuberculoid Leprosy

Single, Well-Defined, Hairless, Hypo-Pigmented Patch,
Surrounded with Raised, Irregular, Erythematous Border.

D\D of Tuberculoid Leprosy:

- 1- Post Traumatic.
- 2- Post Inflammatory.
- 3- Pityriasis Versicolor.
- 4- Pityriasis Alba.
- 5- Vitiligo.
- 6- Hypo-Pigmented Naevi

Treatment of Tuberculoid Leprosy

1. Dapson
2. Clofazamine.
3. Rifampicin (One Injection).



Tuberculoid Leprosy



Tuberculoid Leprosy



Lepromatous Leprosy

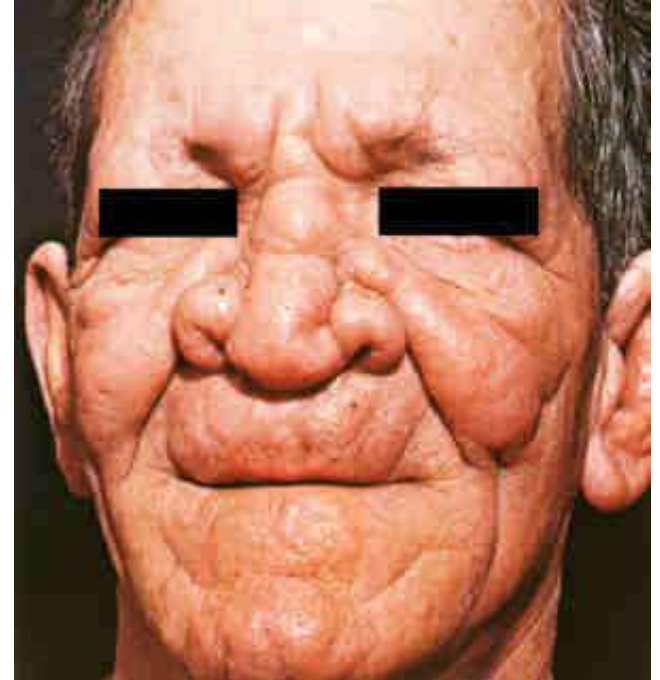


Leonine Face



Diffuse Nodular Involvement

Lepromatous Leprosy (Leonine Face)



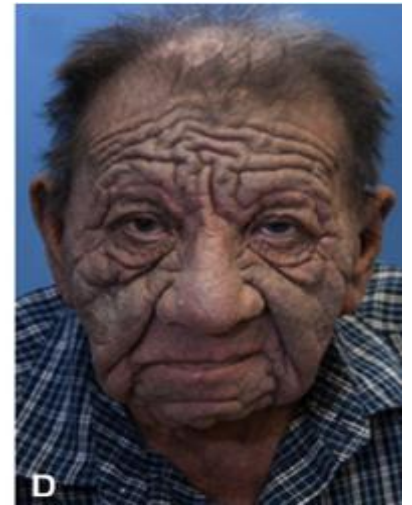
A



B

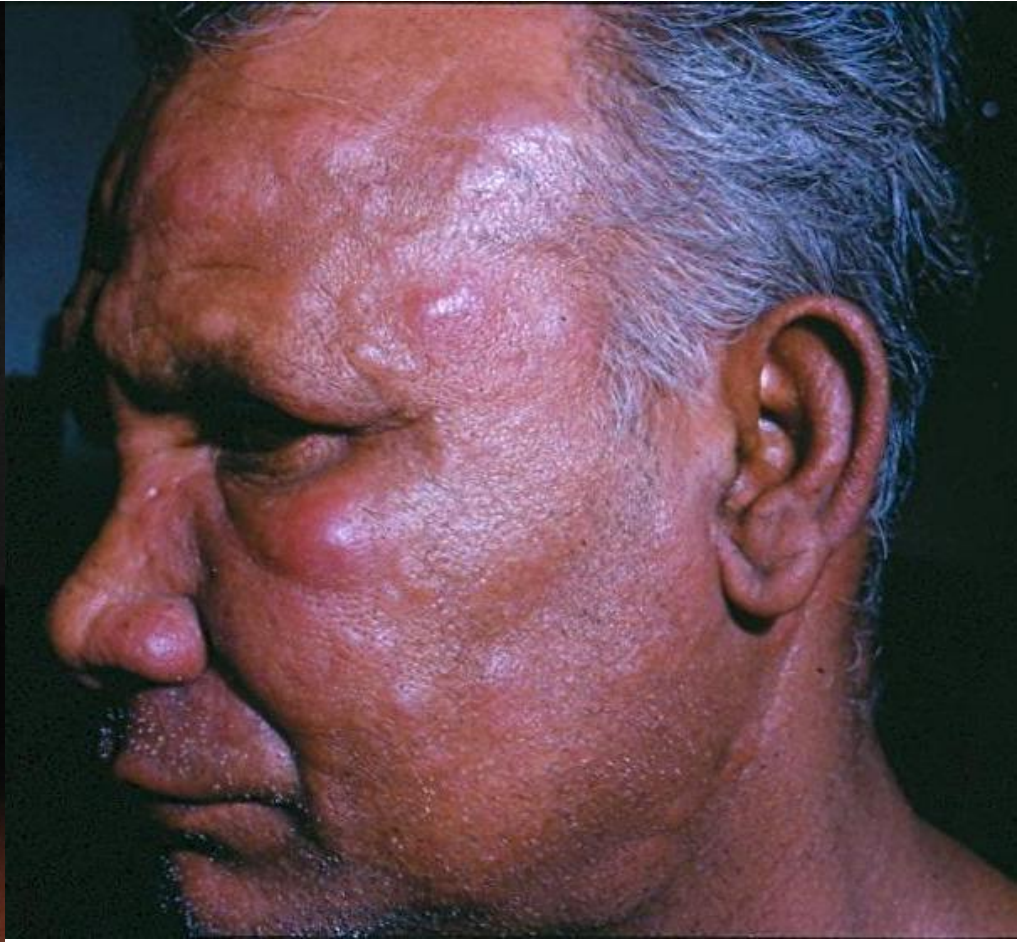


C



D

Lepromatous Leprosy (Diffuse Nodular Involvement)





Lepromatous Leprosy (Nasal Septum Destruction)



Lupus Vulgaris

Single, Well-Defined, Red, Nodule (Apple Jelly Color),
Present on the Cheek.



D\D of Lupus Vulgaris:

- 1- Leishmaniasis.
- 2- Furuncle.
- 3- Carbuncle.
- 4- Squamous Cell Carcinoma.
- 5- Chancre (Primary Syphilis).

Treatment of Lupus Vulgaris

- 1- Remove the Scar Because it is **Pre-Malignant**.
- 2- Give Anti TB Drugs for **9 Months**.

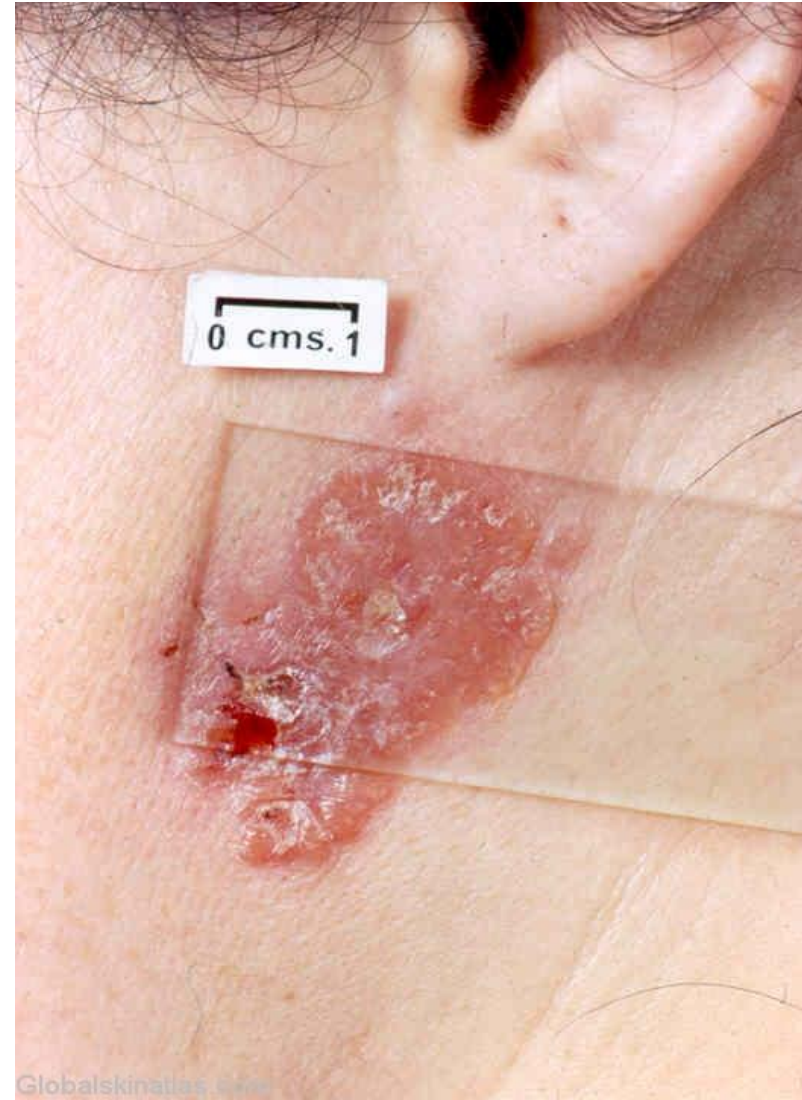
Keyword: Apple jelly nodules



Lupus Vulgaris



Lupus Vulgaris (Apple Jelly Color)



Scrofula

D\D of Scrofula:

- 1- Furuncle.
- 2- Carbuncle.
- 3- Leishmaniasis.
- 4- Chancre (Primary Syphilis).



Single, Red, Nodule, with Yellow Crusted Head,
Present at the Base of the Neck.

Treatment of Scrofula

- 1- Remove the Lymph Nodes.
- 2- Give Anti TB Drugs for 9 Months.

Scrofula



Scrofula



Tuberculosis (Scrofula)



Fig. 1 : Young girl with inflamed, swollen, soft and fluctuant cervical lymph node leading to abscess formation

Scrofula



Warty TB



Warty TB



Sexual Transmitted Diseases (STD)

Syphilis

Secondary Syphilis

Tertiary Syphilis

Dark Field Examination of Syphilis

Condyloma Acuminatum

Chancre of Syphilis

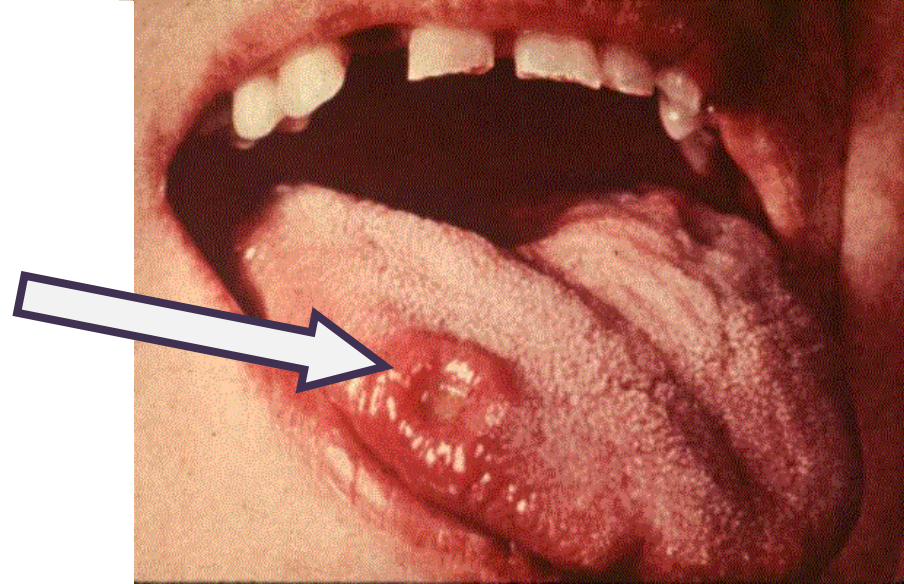
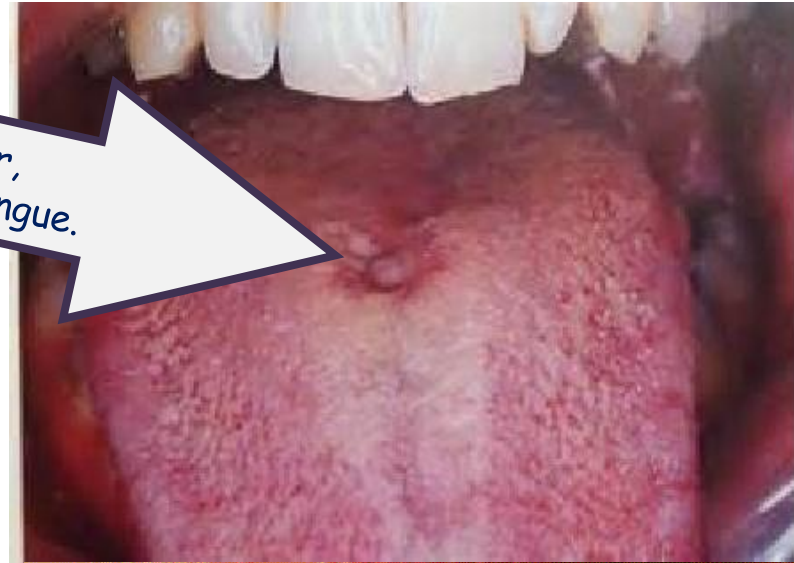
*Single, Well-Defined, Red, Ulcer,
Present on Dorsal Surface of the Tongue.*

D\D of Chancre:

- 1- Chancroid.
- 2- Aphthous Ulcer.
- 3- Malignancy.
- 4- Trauma.

Treatment of Chancre

- Single Dose of Penzetine Penicillin
2.4 Mega Unit IM.



Chancre



Chancere



Chancere



Secondary Syphilis

Multiple, Different Size & Shape, Red (Erythematous), Macules & Papules, Scattered on the Chest & Trunk.

D\D of Secondary Syphilis:

- 1- Guttate Psoriasis.
- 2- Pityriasis Rosea.
- 3- Fungal Infection.
- 4- Lichen Planus.
- 5- Drug Eruption.

Treatment of Secondary Syphilis

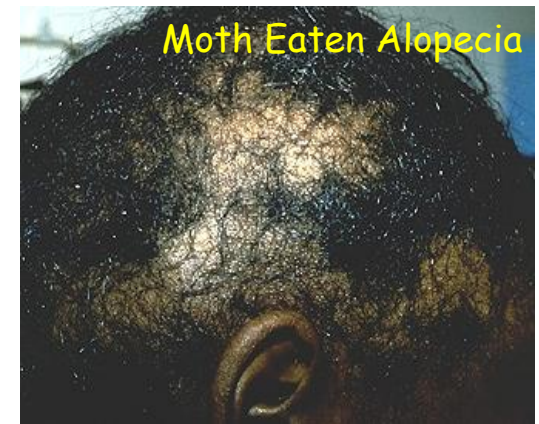
- Penzetine Penicillin 2.4 Mega Unit IM
One Weekly For 3 Weeks.



Snail Tract Patch



Condylomata Lata



Moth Eaten Alopecia

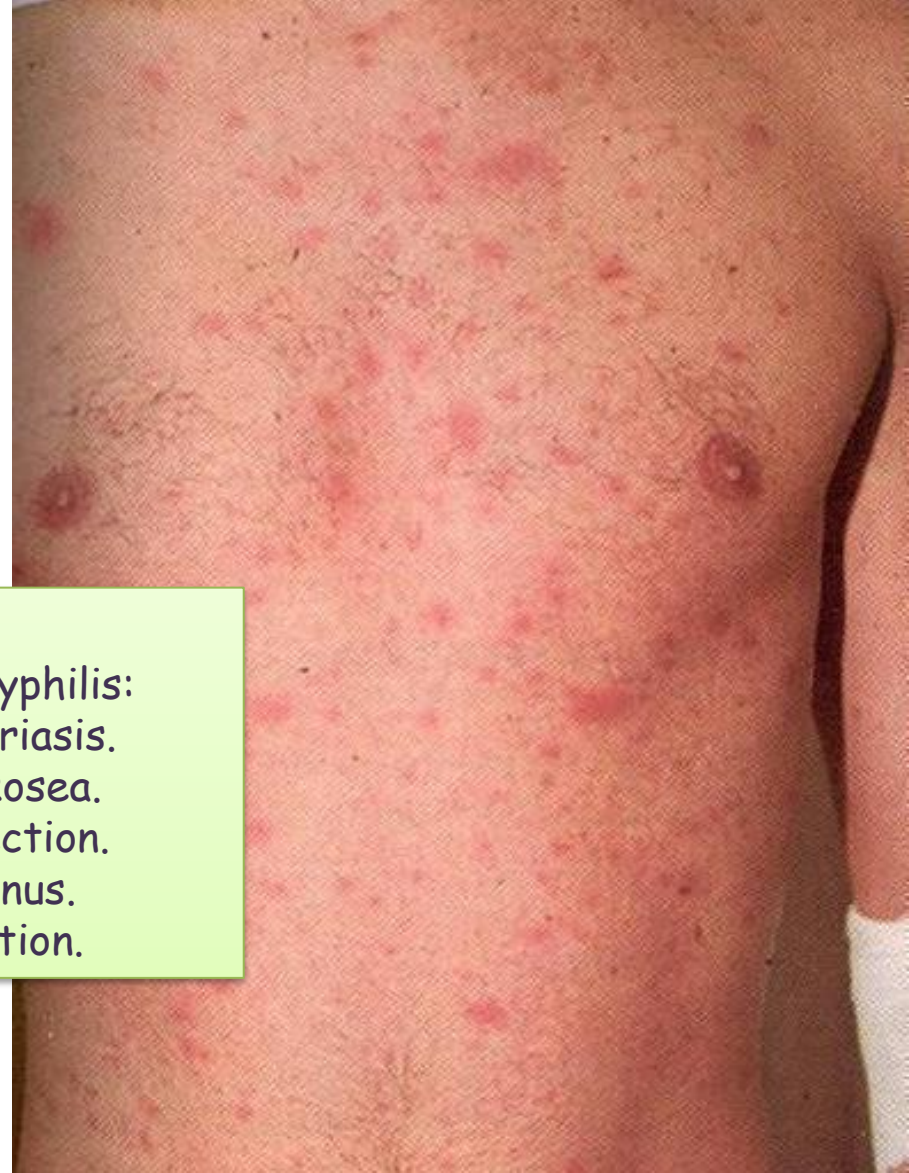
Maculo-Papular Rash



D\D:

- 1- Secondary Syphilis:
- 2- Guttate Psoriasis.
- 3- Pityriasis Rosea.
- 4- Fungal Infection.
- 5- Lichen Planus.
- 6- Drug Eruption.

Maculo-Papular Rash



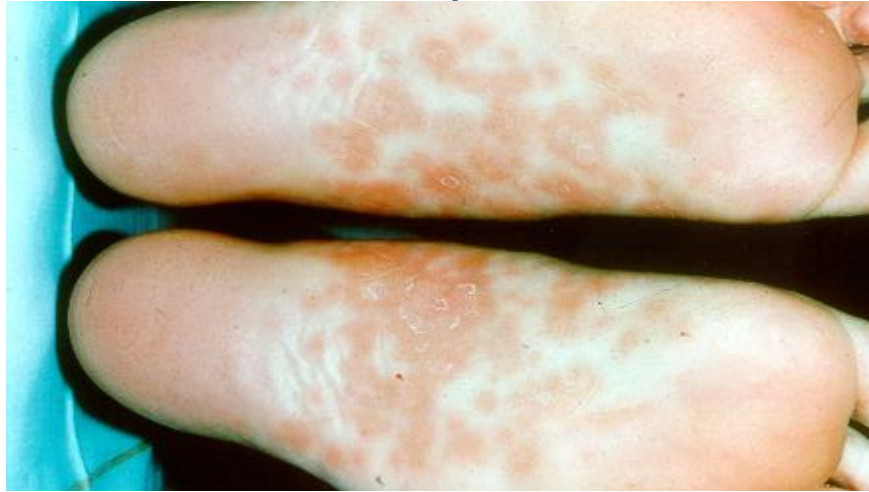
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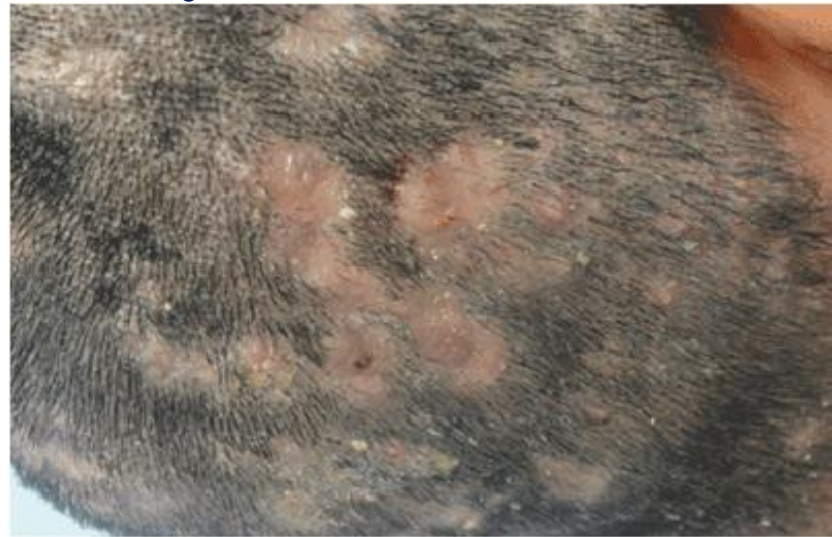
- Condylomata Lata



Condyloma Lata



Moth Eaten Alopecia



Snail Tract Ulcer & Patch



Tertiary Syphilis (Skin Gumma)

D\I of Skin Gumma:

- 1- Leishmaniasis.
- 2- Ecthyma.
- 3- Malignant Ulcer.
- 4- Venous Ulcer.

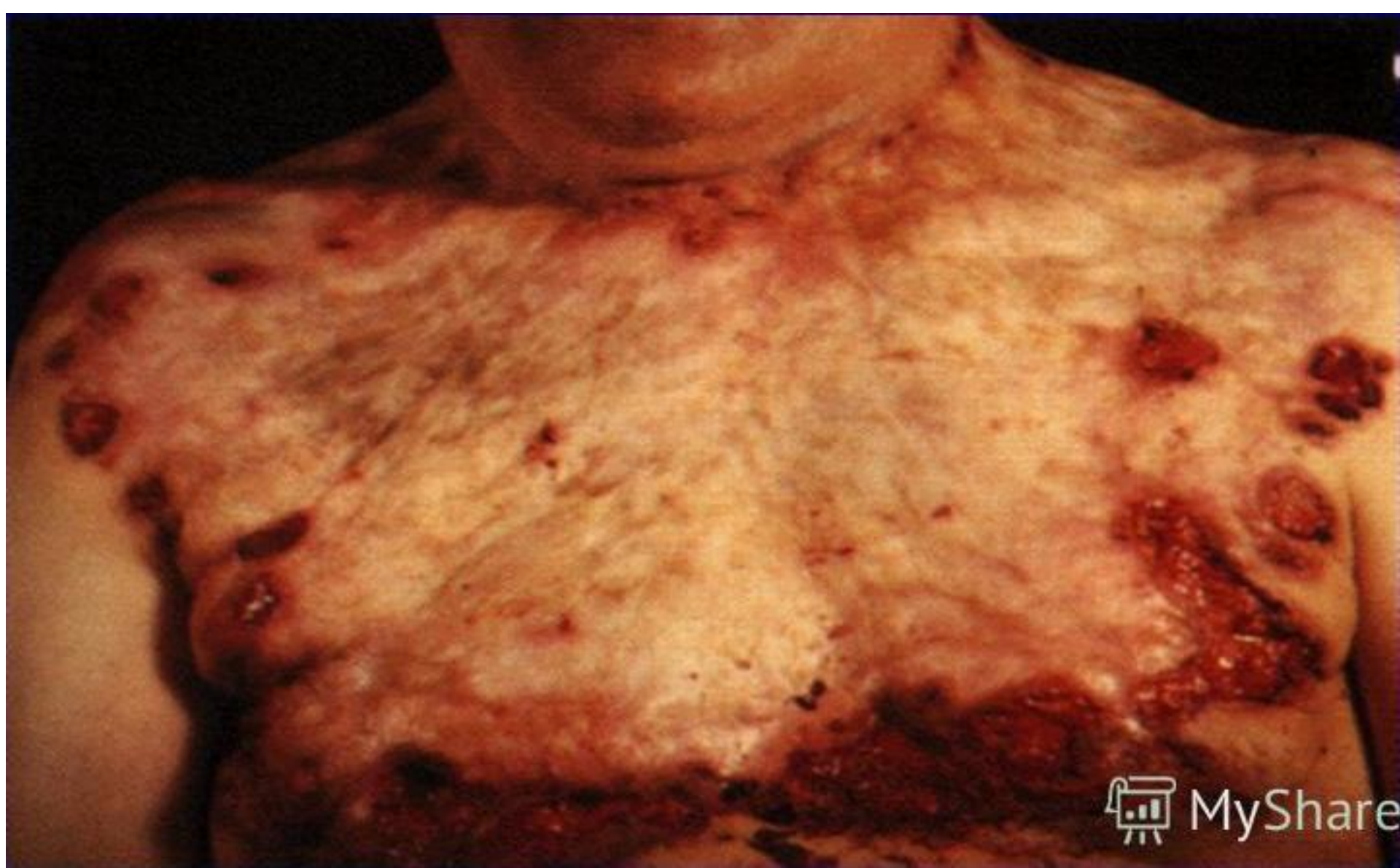


Two, Well-Defined Border, Ulcerative Nodules,
with Punched Out Edges, Covered with Crust & Necrotic Tissue.

Treatment of Tertiary Syphilis

- Penzetine Penicillin 2.4 Mega Unit IM
One Weekly For 3 Weeks.

Tertiary Syphilis (Skin Gumma)



Tertiary Syphilis (Skin Gumma)



Wellcome Images



Tertiary Syphilis (Skin Gumma)



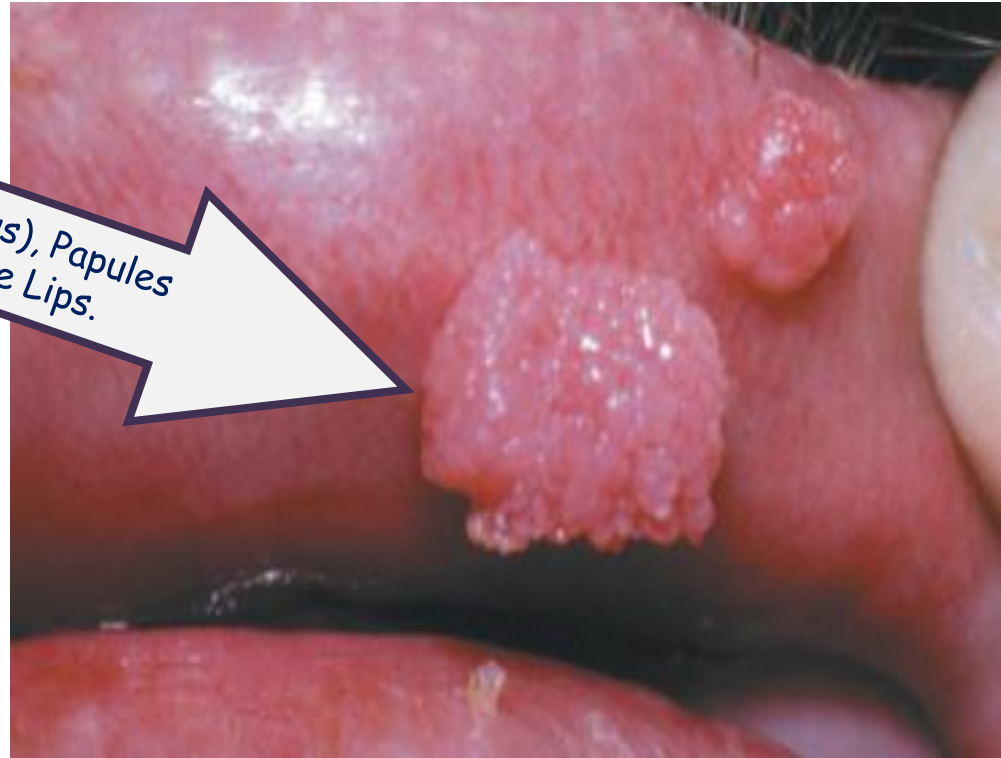
Dark Field Examination of Syphilis



Dark Field Examination Showing
Spiral Shape Organisms
With Rotator Movement.

Condyloma Acuminatum

*Two, Pedunculated, Red (Erythematous), Papules
Present on Mucous Membrane of the Lips.*



D\D of Condyloma Acuminatum:

- 1- Malignancy.
- 2- Molluscum Contagiosum.
- 3- Focal Epithelial Hyperplasia.

Treatment of Condyloma Acumiatum

1. Podophyllin.
2. Cryotherapy.

Skin Tumors

Malignant Melanoma

Basal Cell Carcinoma

Malignant Melanoma

D\D of Malignant Melanoma:

- 1- Traumatized Naevus.
- 2- Foreign Body.



Single, Raised, Expanding, Darkly Pigmented, Skin Lesion.

Treatment of Malignant Melanoma

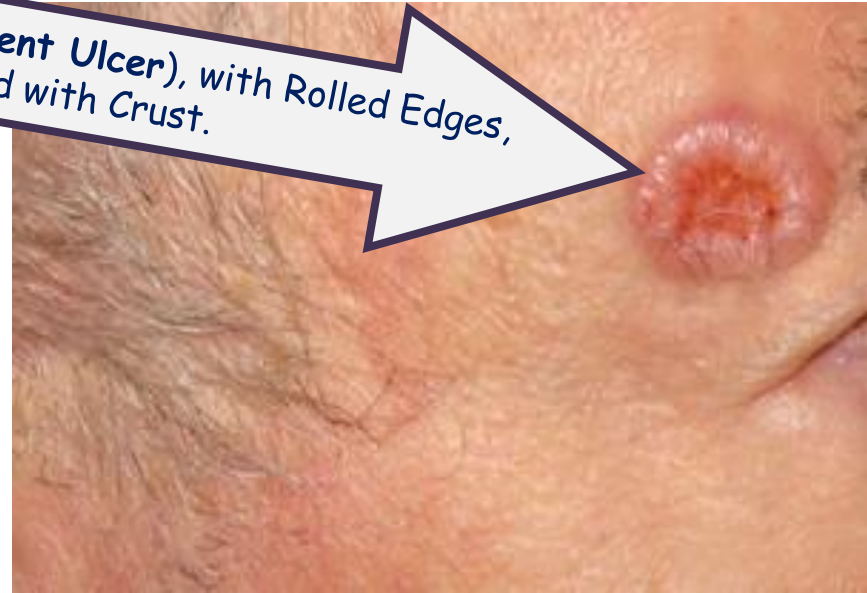
- Surgical Excision
with Wide Safe Margin (5cm)

Basal Cell Carcinoma

Single, Small, Oval, Ulcer (**Rodent Ulcer**), with Rolled Edges, & Floor Covered with Crust.

D\D of Basal Cell Carcinoma:

- 1- Cutaneous Leishmaniasis.
- 2- Ecthyma.
- 3- Chancre.
- 4- Skin Gumma.



Treatment of Basal Cell Carcinoma

- Surgical Excision
with Wide Safe Margin (2mm)

Common Cases for Clinic Exam

Impetigo

Common Wart

Tinea Capitis

Pityriasis Versicolor

Leishmaniasis

نحياي ونمناي للجميع بالنجاح



These Slides are Done
By:

DR. MOHCEN AL HAJ



GOOD LUCK FOR ALL